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ABSTRACT

Providing data on school-age child care for the 1981-82 school year in Virginia and Minnesota, this study was designed to give state policymakers and program developers consumer profiles for urban, suburban, and rural residents who have various demographic characteristics and children from 5 to 14 years of age. Preceded by an executive summary, chapter 1 of the report presents an overview of the study and research issues in school-age child care. Chapter 2 contains a detailed discussion of the procedures used to collect and analyze telephone survey and in-person interview data. Chapters 3 through 7 present the findings of the study; each chapter is organized according to an issue or theme. The themes discussed include school-age child care usage patterns, satisfaction with care, how parents find and select care, consequences of various types of care arrangements, families whose children are without adult supervision on a regular basis, and other special population groups. Chapter 8 discusses the community context for school-age child care in the two states and includes an overview of demographic variables, state and local programs, and issues that affect child care, as well as parents' views on needed care alternatives. Chapter 9 offers conclusions about future directions for school-age child care. Finally, appendices contain copies of the data collection instruments and item by state results. (RH)

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School-Age Day Care Study

FINAL REPORT

March 15, 1983

Pursuant to:
Contract No. 105-81-C-011

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PREFACE

The Administration for Children, Youth and Families is pleased to have sponsored this study of school-age day care in Minnesota and Virginia.

Demographic changes and dramatic increases in labor force participation of women have increased the demand for child care. The needs of the more than 25 million school-age children are the focus of heightened parental and public concern. This study highlights information based on the actual experience of parents in two States. These insights have nationwide relevance. The School-Age Day Care Study represents the first large scale research effort to address the specific needs, circumstances and day care alternatives for families with school-age children.

Study findings could prove of value to parent groups, child care practitioners, school officials, state and local government officials, church groups, business executives interested in employer supported day care, and child care advocates.

Raymond C. Collins

Raymond C. Collins, Ph.D.
Director
Office of Program Development
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Youth and Families

March 11, 1983

ACKNOWLEDGEMENTS

Applied Management Sciences and the staff of the School-Age Day Care Study express appreciation to a number of individuals who made significant contributions to the study and the report. First and foremost we are grateful to Patricia Divine-Hawkins of the Office of Human Development Services, Administration for Children, Youth and Families. Ms. Hawkins spent countless hours with the staff as we tackled the problems of conceptualizing and operationalizing the variables that relate to how families make decisions for the care of their school-age children. Ms. Hawkins was also instrumental in transforming the draft report into a final report that we could be proud of. We are also grateful to the following individuals who served as the project's Advisory Panel:

Michelle Seltzer, Wellesley College
Gwen Morgan, Wheelock College
Thomas Long, Catholic University of America
Jim Levine, Bank Street College
Elizabeth Prescott, Pacific Oaks College

These Advisory Panelists shared their years of research experience in day care issues and helped sharpen the focus of the study.

We also thank Raymond Collins, Director of the Office of Program Development, for his support and guidance. Dr. Collins was especially helpful in providing an overall policy perspective as we approached the final stages of our research.

Finally, we acknowledge the respondents to the surveys in Virginia and Wisconsin. The project staff interviewed numerous day care providers, employers and business people and state government staff involved with day care issues. Most importantly, we thank more than 1,000 parents who responded to the survey and willingly shared their thoughts and concerns about care for school-age children.

JoAnn Kuchak
Vice President
March 15, 1983

SCHOOL-AGE DAY CARE STUDY

March 15, 1983

EXECUTIVE SUMMARY

Introduction

The School Age Day Care Study was a statewide survey of child care arrangements among families in Minnesota and Virginia with children aged 5-14. Sponsored by the Administration for Children, Youth and Families, Office of Program Development, in Washington, D.C., the research was carried out under Contract 105-81-C-011 by Applied Management Sciences of Silver Spring, Maryland, along with a subcontractor, Chilton Research Services in Radnor, Pennsylvania.

Originally funded as a national child care survey of families with school-age children, the study was later limited to two states in order to provide detailed and generalizable information at the state level. The purpose of that modification was to increase the utility of this research for states, which have the primary responsibility for child care, by developing sufficient data for a comprehensive analysis of child care usage patterns throughout the state. The survey was thus designed to provide state policy makers and program developers with consumer profiles for urban, suburban and rural residents of various demographic characteristics with children of all ages from 5 to 14. In addition, the study provides a replicable methodology which can be used by other states to assess their own school-age child care populations, usage patterns and needs.

Context for School-Age Child Care

Over the past several decades, demographic, economic and attitudinal changes in American Society have created an unprecedented demand for child care as well as a shift in the preexisting configurations of supply and demand in the child care market. Increased labor force participation of mothers resulting from economic pressures on two parent families, growth in the number of single parents, changing attitudes about career and family roles for women, and the decline of extended families has in turn created a disruption in many sources of child care supply, notably those arrangements involving friends, relatives and neighbors. These traditional care providers are now less available in many American communities as women who might once have stayed at home to care for their own or another's child are themselves seeking child care arrangements.

Between 1958 and 1977, the children of full-time working mothers who were cared for in their own homes, either by a relative or non-relative, declined from 57% to 29% with the largest portion of that decrease centered in relative care (16%). During that same period, family day care, or care in the home of the provider, increased substantially from 27% to 46%. The proportion of children in day care centers likewise increased from 5% to nearly 15%. Children under six who cared for themselves reportedly declined (from 0.6% to 0.3%) during that period as did the number of children cared for by their mothers at work, which in 1958 totaled over 11% but had declined to about 8% by 1977. These figures refer strictly to preschool children but provide much of the context for school-age care since these children have either reached school age or will in 1983.

In addition to the large numbers of school-age children who are currently in some form of child care, projections indicate that this population is likely to increase in the future. The rapid increase in labor force participation of women has most dramatically affected the child care market for infants and toddlers since their mothers represent the fastest growing segment of the labor force. These children will reach school age during the Eighties, thereby increasing the proportion of children needing care during non-school hours while their parents work. Other mothers will continue to enter the labor force once their children reach school age, a trend which has been well established over the past two decades. In addition, the United States is experiencing an increase in birth rates for the first time in many years. Many of the babies have already been born who will need child care throughout the Eighties and beyond. By 1990, children under six who need child care while their mothers work will have increased from a 1982 level of about 8.5 million to over 10 million. This will translate into increased demand for school-age child care into the next century.

Although school-age children constitute a sizable child care population which will increase in the coming years, the day care field in the past two decades has focused on younger children with respect to day care research, program development and policy. At the same time there is growing recognition that school-age children have different developmental needs and require different types of programs than do younger children. A difficult challenge for the child care field lies in the development of programs which are structured enough to provide consistency and good supervision, yet which recognize the child's growing need for independence and which appeal to children of diverse interests and developmental levels.

The lack of sound information about appropriate and acceptable community-based alternatives for school-age children is reflected in the large number of households which appear to have no supervision for their children during non-school hours. The U.S. Bureau of the Census, for example, estimates that approximately 2 million children between the ages of 7 and 13 are routinely without adult supervision for some portion of the day. These children have become an increasing locus of concern for parents, educators, child development specialists, program planners and policy makers. Yet little has been known about the reasons families select self-care for their children, the perceived options available to these families, or the experienced advantages and liabilities of such arrangements.

Objectives of the Study

The primary goal of this research was to provide detailed and comprehensive profiles of child care practices, needs and barriers among families with children aged 5-14 in Minnesota and Virginia.

Specific objectives of the study were:

- To describe the child care usage patterns among families of varying demographic characteristics with children of various ages;
- To explore parental satisfaction with current care;
- To describe how families find and select their care arrangements;
- To explore the circumstances of and attitudes toward self-care and sibling care; and
- To describe the community context for school-age care and explore ways in which communities meet their child care needs.

Methodology

This study provides data on school-age child care for the 1981-82 school year for two states, Virginia and Minnesota. Several types of data collection techniques were employed, including:

- computer-assisted telephone interviews with a random sample of almost 1,000 households with school-aged children (5-14), 500 in each of the two states;
- in-person discussions with a subsample of 60 parents who responded to the telephone interview, and their school-age children, as well as providers of day care services, and state and local officials involved in day care; and
- two focus group discussions with parents of school-age children.

Minnesota and Virginia were selected as the two study states primarily because of their prevalence of programs for school-age children, the rural-suburban-urban contrasts that could be made, their female labor force participation rates, and the adequate numbers of families with school-age children in both states as well as other population demographics.

In comparison with the national average at the time the study was conducted, Minnesota's unemployment rate was relatively low; it had high family buying power, a small minority population, and a low incidence of poverty. The proportion of the school-age population in Minnesota was relatively high, its female employment rate was average and it had a moderate metropolitan population. Minnesota is a rather typical growth state.

Virginia is part of the rapidly-growing sunbelt, yet, as part of the South, it is in the poorest region of the country. Unemployment was relatively low and both family buying power and the poverty rate were moderate. The profile of Virginia included an average female labor force participation rate, an average proportion of school-age children in the population and a moderate metropolitan population. There was a higher proportion of Blacks in Virginia than in Minnesota.

Within both states there were progressive policies and practices toward school-age child care. For example, a number of local governments in both states were active in providing programs for school-age children. Both states had before-and-after school programs in the public schools.

Summary of Findings

The findings presented below are based primarily on the results of the telephone survey; viewpoints of parents, children, and providers obtained through in-person interviews are interspersed throughout this summary to aid in interpretation of certain findings. Overall, the pattern of findings is similar in Virginia and Minnesota.

What Types of Arrangements Do Parents Make for Their School-Age Children?

- Families used a wide variety of care arrangements for their school-age children. The types of care most frequently used were different for younger than for older school-age children.

- Most families reported their before-school care arrangements were satisfactory. However, only two-thirds of the working parents regularly (i.e., daily) cared for their children in the morning, while almost all families with at least one parent not working full-time did so.
- After-school arrangements posed greater concern for most families, but particularly for families with parents working full-time. Only about a third of such families reported that they regularly cared for their school-age children; even in households with at least one parent not working full-time, only 3 in 5 parents reported providing care for their school-age children in the afternoon.
- School-age children in families with all adults working regularly cared for themselves considerably more often than children in families with an adult who is not working. Approximately one fourth of the school-age children of working parents in both states cared for themselves on a regular basis as opposed to 2 and 5 percent (in Virginia and Minnesota, respectively) of the school-age children in families with one adult not working.

Overall Usage Patterns

The school-age care patterns of working parents are different from families with a nonworking parent. This contrast is presented in Exhibit A for both Minnesota and Virginia. This study attempted to present a comprehensive picture of all families' usage of day care for their school-age children. Such a perspective included all time periods outside of school and all parent and nonparent care arrangements.

Two-thirds of families with full-time working parents used nonparent care on a regular basis (V-69%; M-65%), and another 10 percent used such care on an occasional basis.* Families with a nonworking parent used nonparent care less frequently on a daily basis (V-21%; M-15%) but more often on an occasional basis (V-16%; M-30%).

Combining both types of families, it is clear that most parents provided at least some of the weekday care for school-age children outside of school hours. (Exhibit B shows the types of child care used regularly by families in each state.) Parent care was used regularly by 88 percent of the families interviewed in Virginia and for 92 percent in Minnesota.

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*V = Virginia; M = Minnesota

EXHIBIT A: SCHOOL-AGE CARE ARRANGEMENTS OF HOUSEHOLDS BY ADULT EMPLOYMENT STATUS: MINNESOTA 1/

	Parents Not Working Full-time (Percent of Row)			Full-time Working (Percent of Row)			All Households (Percent of Row)		
	Not Used	Less than 5 times	5 times	Not Used	Less than 5 times	5 times	Not Used	Less than 5 times	5 times
AM									
Parent	2	-	98	32	2	66	10	1	89
Nonparent Care	98	-	2	65	2	33	89	1	10
Relative In-Home	100	-	-	93	1	6	98	-	2
Nonrelative In-Home	100	-	-	98	-	2	99	-	1
Self/Sibling Care	98	-	2	84	-	16	95	-	5
At Relative's Home	100	-	-	97	1	2	99	-	-
At Nonrelative's Home	100	-	-	94	-	6	98	-	2
Center	100	-	-	97	-	3	99	-	1
School-Based Program	100	-	-	100	-	-	100	-	-
Other Activities	100	-	-	100	-	-	100	-	-
Other	100	-	-	100	-	-	100	-	-
PM									
Parent	10	20	70	55	11	34	22	18	60
Nonparent Care	56	30	14	29	14	57	49	25	26
Relative In-Home	99	-	1	90	4	6	96	1	2
Nonrelative In-Home	99	1	1	96	3	2	98	1	1
Self/Sibling Care	95	2	4	77	5	19	90	2	8
At Relative's Home	98	2	-	96	1	3	97	2	1
At Nonrelative's Home	94	5	1	83	5	11	91	5	3
Center	99	1	-	96	-	4	98	-	1
School-Based Program	73	22	5	79	14	7	75	20	5
Other Activities	89	10	1	85	13	2	88	11	1
Other	97	2	1	98	1	2	97	2	1
Weekday									
Parent	1	-	99	24	4	72	7	1	92
Nonparent Care	56	30	15	25	10	65	47	24	29
Relative In-Home	99	-	1	84	4	12	95	1	4
Nonrelative In-Home	99	1	1	94	2	4	97	1	1
Self/Sibling Care	94	1	5	69	4	27	87	2	11
At Relative's Home	98	2	-	95	1	3	97	2	1
At Nonrelative's Home	94	5	1	82	4	13	91	5	4
Center	99	1	-	96	-	4	98	-	1
School-Based Program	73	22	5	79	14	7	75	20	5
Other Activities	89	10	1	85	13	2	88	11	1
Other	97	2	1	98	1	2	97	2	1

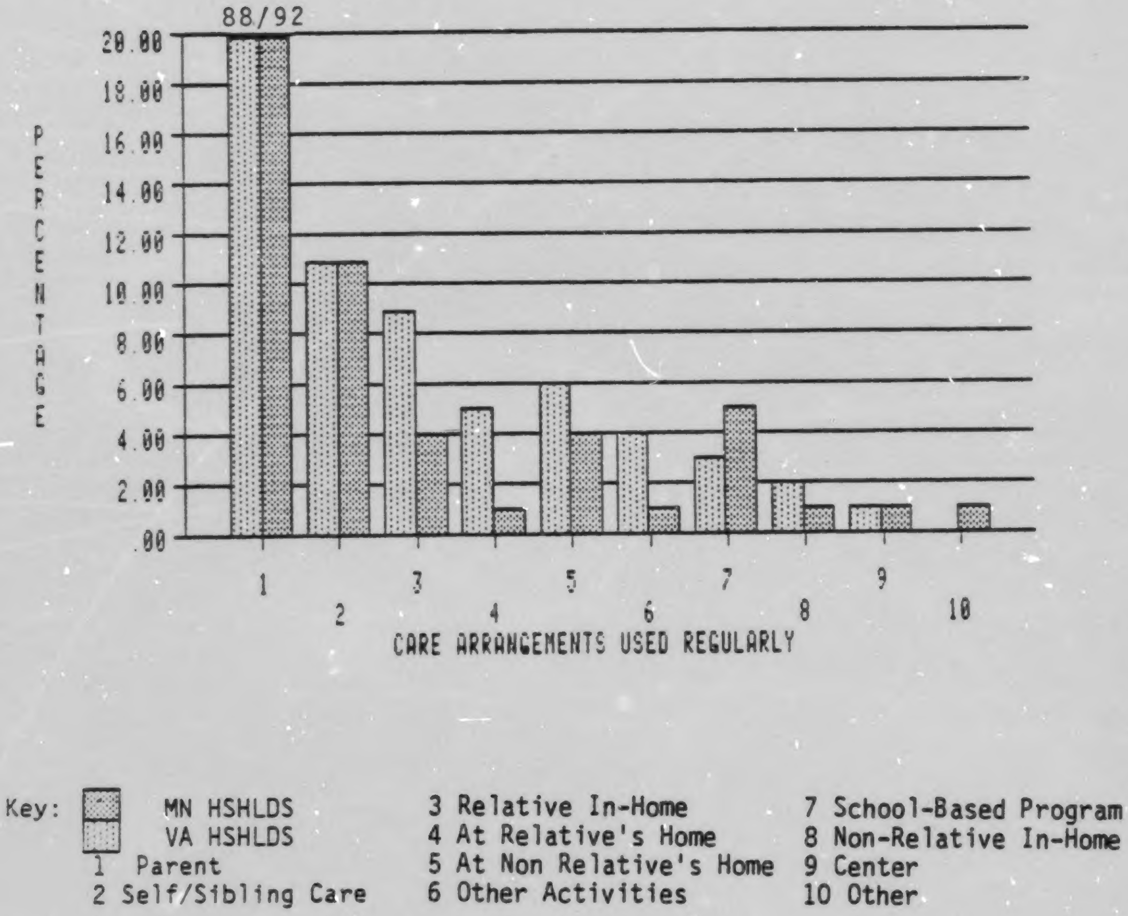
1/Households which used different care arrangements for their children appear in this table more than once.

EXHIBIT A (Cont'd): SCHOOL-AGE CARE ARRANGEMENTS OF HOUSEHOLDS BY ADULT EMPLOYMENT STATUS: VIRGINIA 1/

	Parents Not Working Full-time (Percent of Row)			Full-time Working (Percent of Row)			All Households (Percent of Row)		
	Not Used	Less than 5 times	5 times	Not Used	Less than 5 times	5 times	Not Used	Less than 5 times	5 times
AM									
Parent	4	-	96	30	2	67	14	1	85
Nonparent Care	96	-	4	67	3	30	85	1	14
Relative In-Home	98	-	2	92	-	8	96	-	4
Nonrelative In-Home	100	-	-	98	-	2	99	-	1
Self/Sibling Care	99	-	1	85	3	13	94	1	5
At Relative's Home	99	-	1	96	-	4	98	-	2
At Nonrelative's Home	100	-	-	95	-	5	98	-	2
Center	100	-	-	99	-	1	100	-	-
School-Based Program	100	-	-	100	-	-	100	-	-
Other Activities	100	-	-	100	-	-	100	-	-
Other	100	-	-	100	-	-	100	-	-
PM									
Parent	18	12	70	61	8	31	35	10	55
Nonparent Care	62	17	21	29	9	62	49	14	36
Relative In-Home	95	-	5	85	3	12	91	1	8
Nonrelative In-Home	99	1	-	97	-	3	98	-	1
Self/Sibling Care	98	1	1	76	3	20	90	2	9
At Relative's Home	98	-	2	90	3	7	95	1	4
At Nonrelative's Home	96	2	3	88	2	10	93	2	5
Center	100	-	-	97	1	3	99	-	1
School-Based Program	85	13	3	87	9	4	86	11	3
Other Activities	84	10	6	91	7	2	86	9	4
Other	97	3	-	99	-	1	98	2	-
Weekday									
Parent	3	1	96	23	2	75	11	1	88
Nonparent Care	62	16	21	22	9	69	47	14	40
Relative In-Home	95	-	5	82	1	16	90	1	9
Nonrelative In-Home	99	1	-	96	-	4	98	-	2
Self/Sibling Care	98	-	2	69	6	25	87	3	11
At Relative's Home	97	-	3	88	2	10	94	1	5
At Nonrelative's Home	96	2	3	86	2	12	92	2	6
Center	100	-	-	97	1	3	99	-	1
School-Based Program	85	13	3	87	9	4	86	11	3
Other Activities	84	10	6	91	7	2	86	9	4
Other	97	3	-	99	-	1	98	2	-

1/Households which used different care arrangements for their children appear in this table more than once.

EXHIBIT B: CARE ARRANGEMENTS USED REGULARLY



Overall, the second most frequently used arrangement for school-age children was self-care or care by a sibling who was under age 14 (V-11%, M-11%). Families with full-time working parents used this arrangement much more frequently, however (M-27%; V-25%). School-based programs accounted for no more than 5 percent of the care arrangements used regularly in both states. Care provided by relatives in the home occurred more frequently in Virginia, which may be related to the larger proportion of minorities (many of whom used this mode of care) in that state.

Care Arrangements by Age of Child

Younger children, ages 5 to 8, tended to be in self-care or sibling care much less frequently (V-3%; M-4%) than older children, ages 12 to 14 (V-22%; M-15%). See Exhibit C for the distribution of children by age in the various care arrangements.

The in-home interviews indicated that some parents who used arrangements other than parent or self-care on a regular basis also occasionally used self-care. Parents said they were more likely to try self-care gradually, that is, leave a child for a short period of time on an occasional basis and incrementally increase the duration and frequency of self-care. Younger children tended to have care arrangements in a nonrelative's or relative's home or in a center more often than older children. Participation in school-based programs increased markedly with age--in Virginia from 1 to 5 percent and in Minnesota from less than 1 percent to 10 percent.

Arrangements Made During Special Time Periods

Parents were asked if their work schedule required them to have special child care arrangements during other time periods, such as evenings, weekends, and holidays. No more than 16 percent of the families in either state used special care arrangements on these occasions. Parent care was the predominant arrangement, especially during child illness, followed by other types of in-home care.

EXHIBIT C: PERCENTAGE OF CHILDREN IN DIFFERENT CARE ARRANGEMENTS, BY AGE

	Percentage of Column [1/] AGE OF CHILD: VIRGINIA			Percentage of Column [1/] AGE OF CHILD: MINNESOTA		
Type of Care Arrangement	Age 5-8	Age 9-11	Age 12-14	Age 5-8	Age 9-11	Age 12-14
Parent	88	90	86	92	92	92
Relative In-Home	10	8	9	3	2	4
Nonrelative In-Home	2	1	2	3	1	2
Self/Sibling Care	3	7	22	4	11	15
At Relative Home	7	3	4	1	1	-
At Non-Relative Home	9	4	2	6	2	1
Center	2	-	-	2	-	-
School-Based Program	1	1	5	-	1	10
Other Activities	4	6	4	1	1	1
Other	-	-	-	1	1	1

[1/] Percentages sum to more than 100 because multiple modes of care are used.

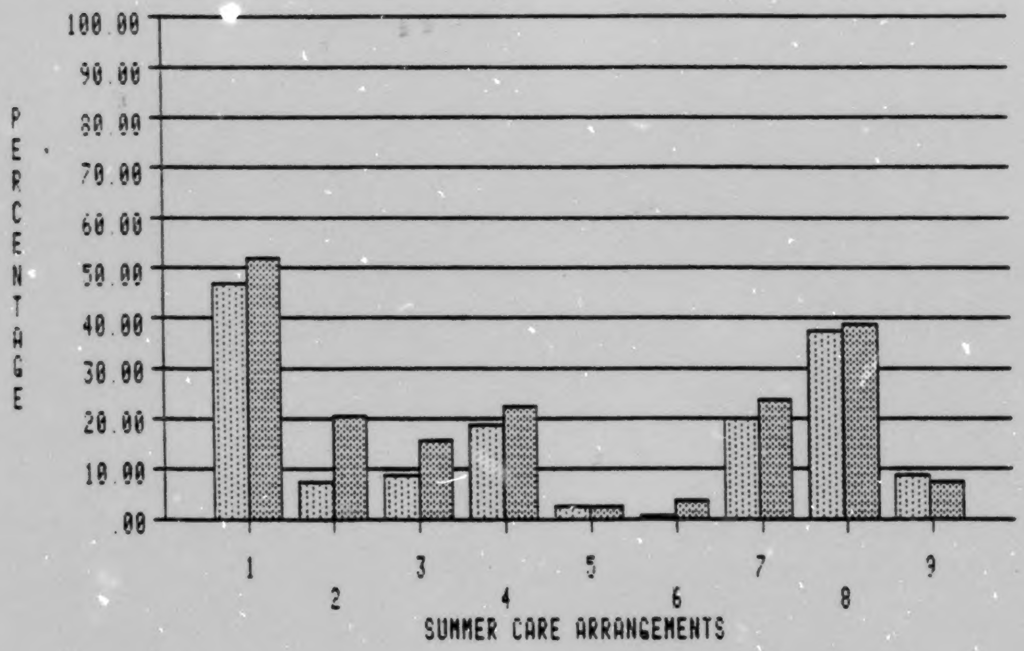
Summer Care Arrangements

Summers often pose child care problems for working parents. (Exhibit D shows a listing of the types of care arrangements parents were planning to use for the upcoming summer.) A large proportion of families did plan to use some type of arrangement other than parent care during summers. The most common summer arrangements were community recreation programs and facilities, camps, older siblings and neighbors, friends or relatives. In Minnesota, summer school and school activity programs afforded summer child care options for nearly one child in five.

Care Arrangements By Household Location

Families in rural areas in Virginia tended to have relatives care for their children more often than city dwellers or suburbanites. Self-care or sibling care, was proportionately most common in suburban areas in both states.

EXHIBIT D: SUMMER CARE ARRANGEMENTS (OTHER THAN PARENT AND SELF-CARE)



Key: ▨ MN HSHLDS
▒ VA HSHLDS
1 Community Recreation Program, Swimming Pool, or Supervised Playground
2 Summer School
3 School Activities Program
4 Summer Camp Program
5 Day Care Center
6 Family Day Care or Day Care Home (paid)
7 Older Brother or Sister (unpaid)
8 Neighbor, Friend, Relative (Other than sibling) (unpaid)
9 Other

Care Arrangements By Income Level

Several differences appeared in the types of care used by families with various levels of income. Those families in Virginia whose income was below the poverty cut-off were much more likely (17% vs 10%) to have children caring for themselves than were those in all other income brackets. In Minnesota, similar proportions of children in families below and above the poverty level were in self-care (11%). Care by relatives was also more frequently used by poor families in Virginia.

Cost of Care

The choice of care may be affected by the cost of the arrangement. See Exhibit E for the average weekly costs of all school-age child care for families classified by their predominate mode of care. Parents reported paying more for care in a nonrelative's home and in day care centers than for any other type of arrangement. Low-to-moderate costs were incurred for some families who used care by a relative in their home.

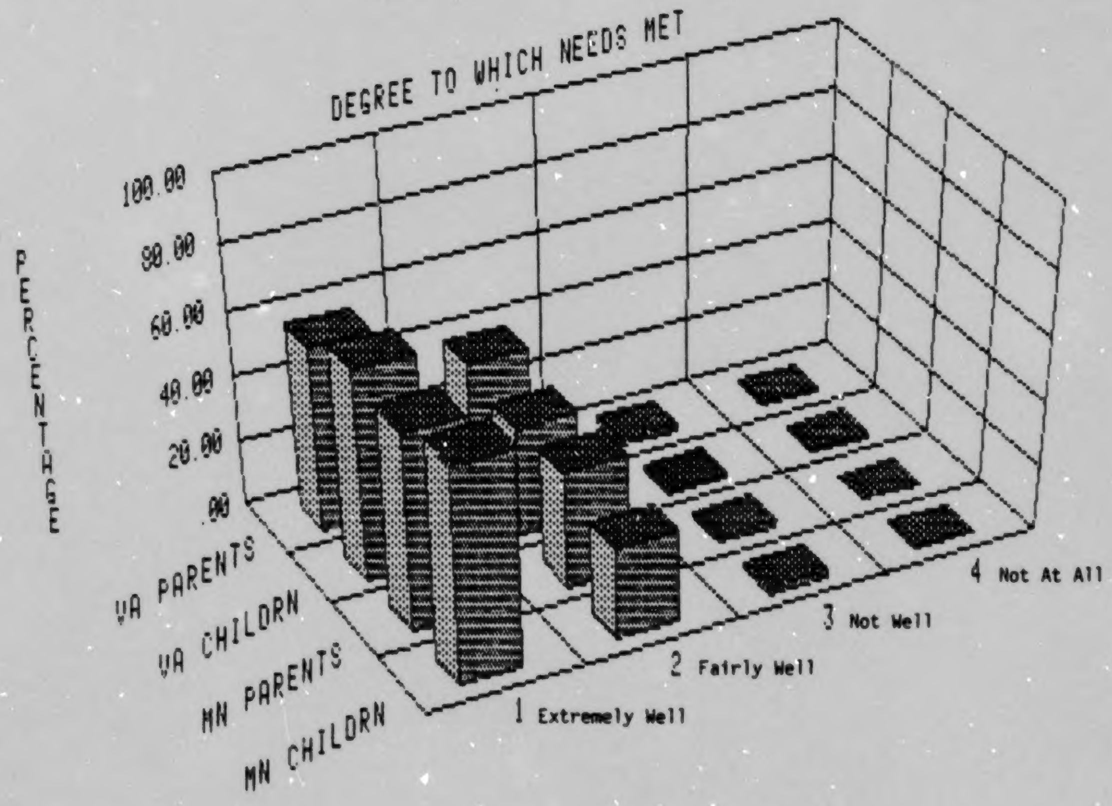
EXHIBIT E: COST OF CARE BY REGULAR CARE ARANGEMENTS (HOUSEHOLD)

	VIRGINIA							MINNESOTA						
	Average Weekly Cost of Care (% of Row)							Average Weekly Cost of Care (% of Row)						
Type of Care Arrangement	$1-10	$11-20	$21-30	$31-40	$41+	Don't Know/ No Cost	Total	$1-10	$11-20	$21-30	$31-40	$41+	Don't Know/ No Cost	Total
Parent	6	4	3	-	1	86	100	5	3	2	-	1	89	100
Relative In-Home	2	3	1	-	2	92	100	2	-	2	11	7	78	100
Non-Relative In-Home	16	21	9	-	16	38	100	15	36	14	10	5	20	100
Self/Sibling Care	8	3	-	1	4	84	100	3	3	2	1	1	90	100
At Relative Home	23	15	-	2	4	56	100	13	-	12	-	13	62	100
At Non-Relative Home	19	19	3	8	3	48	100	8	16	22	16	9	29	100
Center	9	37	28	-	9	17	100	-	12	48	6	35	-	100
School-Based Program	-	3	3	3	6	85	100	3	1	1	-	1	94	100
Other Activities	4	8	-	2	4	82	100	-	-	10	5	5	80	100
Other	-	-	-	-	-	100	100	-	-	-	-	7	93	100
Total	6	5	3	1	2	83	100	6	3	3	1	2	85	100

How Well Are Current Arrangements Meeting Parents' and Children's Needs?

- In both Minnesota and Virginia, the majority of parents said their needs were extremely well met by their current care arrangments. (See Exhibit F.)
- Almost three-quarters of the children in both states had parents who thought their own needs were met to the same extent as their children's.

EXHIBIT F: DEGREE TO WHICH PARENTS' AND CHILDREN'S NEEDS ARE MET



How Well Needs Are Met By Types of Care Used

More Minnesota parents using school-based programs said their needs were met extremely well than parents using any other arrangement, but a fair proportion (13%) said their needs were not well met. In Virginia, dissatisfaction was most often expressed with self- or sibling care (7%), with a 5 percent dissatisfaction rate in Minnesota. The arrangements best meeting children's needs in both states were activity programs and school-based programs. In Minnesota, parents' own care and care by a nonrelative also rated highly. Fully 10 percent of the children in Virginia in self- or sibling care had parents who thought this arrangement did not meet their children's needs; only 3 percent of the Minnesota parents expressed dissatisfaction with this mode of care in meeting their children's needs. However, less than half of the children in self- and sibling care in both states had parents who reported their children's needs were extremely well met by this situation.

How Well Needs Are Met By Household Characteristics

Single-adult household heads had more difficulty with care arrangements than married adults. Fewer than 2 percent of the married respondents in Minnesota and 4 percent in Virginia indicated that their needs were not met, compared to 7 percent of the divorced or separated parents in each state. Widowed persons, in Virginia, reported the greatest problems meeting their needs for child care (11%).

Features of Care Arrangements That Parents Liked and Disliked

Parents using centers and school-based programs tended to be more specific about features they liked than those using other types of arrangements. Most often mentioned as positive features of center and school-based programs were educational activities, convenience, and parental involvement. Parents using in-home care often stated that their child was happy with the arrangement.

Few parents in either state cited features they disliked about their current care arrangements. The most commonly mentioned problems were not being home with the children and lack of supervision or discipline. Only center users in either state mentioned cost as a problem with any frequency.

What Types of Care Arrangements Do Parents Prefer?

- Most parents did not express a preference for another care arrangement.
- Care by the mother was generally the choice among parents who had a preference for another type of care.

The high level of satisfaction that most parents reported with their current care arrangements seems to be substantiated by their lack of preferences for other arrangements and by the few parents (V-7%; M-3%) who indicated that they had tried to locate other arrangements within the past year.

The likelihood of having a preference for another mode of care was greatest for parents of children 5-to 8-years old, in Minnesota, and for 12-to-14 year-olds in Virginia. In both states, the preference for care by the mother increased with the age of the child.

How Do Parents Find and Select Their Care Arrangements?

- The most common source of information about child care arrangements in both states was a friend.
- A variety of information sources was used by families with all adults employed full-time and by families who had tried to locate other care arrangements.

Parents considered a variety of factors when selecting their child's care arrangements. The greatest concern was that their children be adequately supervised; 45 percent of the families in Virginia and 41 percent in Minnesota mentioned this consideration. Parents also reported that it was important that the caregiver's philosophy of child rearing be compatible with theirs (V-24%; M-19%). Parents considered certain child-related factors with some frequency: that the child liked the caregiver; that the child could be with his or her peers; that there were developmentally appropriate activities; that the child had freedom to do as she or he wanted; and that the child was safe and secure. The most important features of the child care facility mentioned by parents were convenience of location and hours of operation.

Parents interviewed in-person indicated a distinct preference for home-based arrangements, although these situations tended not to be as dependable as center care or school-based programs. The educational programs in centers were important to some parents; consideration of the child's health and security was also frequently mentioned. Parents participating in the in-home interviews were also asked to define quality child care. Their responses ranged from having a loving, firm caregiver, to having an appropriate age mix of children, stimulating activities, stability of care, and good supervision. These considerations seemed to be influenced by the type of care the child was receiving. Families using centers tended to consider the convenience of hours and location and the availability of developmental activities as most important. Parents using care in a nonrelative's home, however, considered the child's liking the caregiver above other factors.

Among those who cited barriers to locating other care arrangements, transportation problems were specifically mentioned by 22 percent of the Virginia families who had sought other care arrangements in the past year. Unavailability of acceptable care and cost were cited as barriers by 20 percent and 14 percent of such families, respectively. In Minnesota, transportation was reported as a barrier by only 2 percent of the families; unavailability of acceptable care and cost were each cited by 9 percent of the families who had sought care in the past year.

Although transportation was not a major problem for most parents, the importance of convenience, including minimal transportation difficulty, was often stressed. The lack of transportation problems was cited by both parents and providers as a major benefit of school-based programs.

How Are Parents and Children Coping With Self-Care?

- Approximately 11 percent of the school-age children of all families in both states regularly cared for themselves.
- A much higher proportion (V-25%; M-27%) of the families with all adults working full-time indicated that their school-age children regularly cared for themselves.

- About 40 percent of the parents whose children used self-care responded that their children began self-care between the ages of 8 and 10; another 40 percent responded that their children began self-care between the ages of 11 and 13. A few parents indicated this practice had begun before age 7.

One of the major issues in day care, particularly for school-age children, is self-care. This study examined when children began self-care, how well their arrangements were working, what the problems and benefits were, and the rules parents gave their children. Parents whose children were either occasionally or regularly in self-care were asked questions on these topics.

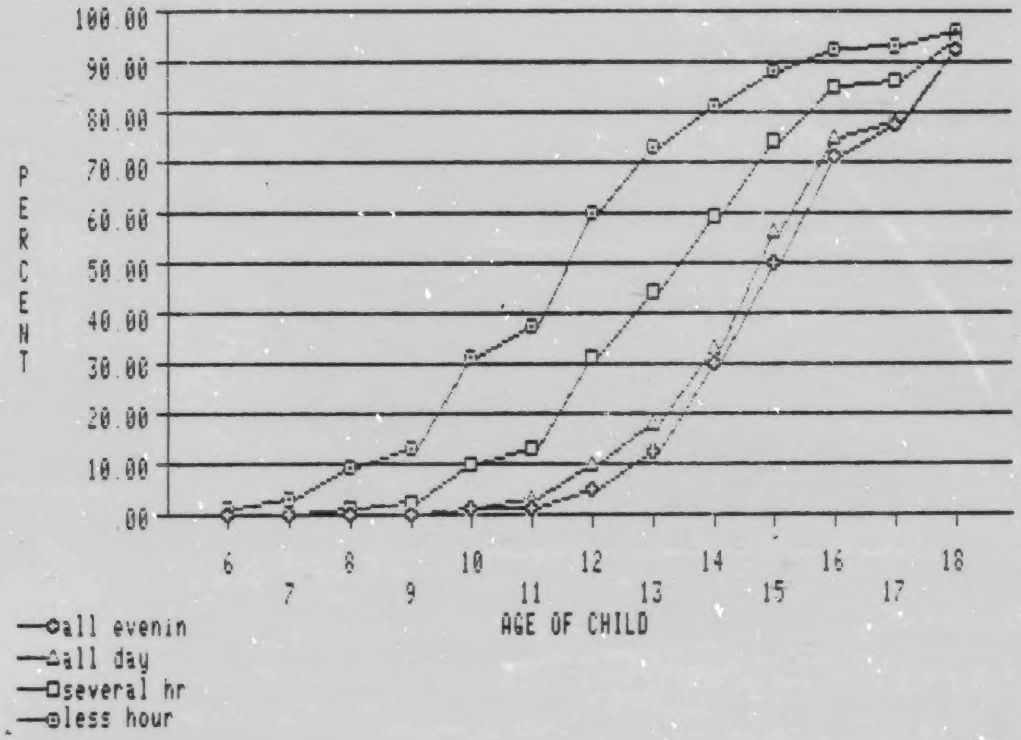
Parents generally responded that they would feel comfortable leaving a child at home without adult supervision at an older age than when children in the study sample actually began this practice. (See Exhibit G.) Children in self-care also reported that they would feel comfortable without adult supervision at a later age than when they were actually in this situation. The most interesting contrast was for the youngest children. Parents reported that they would rarely leave children under 8 alone, even for short times, yet in practice a group of parents did just that (V-3%; M-4%).

Although a number of parents leave their children to care for themselves, some expressed concern about this arrangement. Most parents who were interviewed in their homes had given serious thought to the situation. Some indicated they nervously awaited telephone calls from their children to ascertain that they were safely at home. Others said they received too many calls from their children, requesting arbitration in fights with siblings, and other decisions. Some children reported that they had been scared when home alone, others had skipped school and still others said they watched a lot of television. Certain children expressed boredom. Some older children did not like having responsibility for younger siblings.

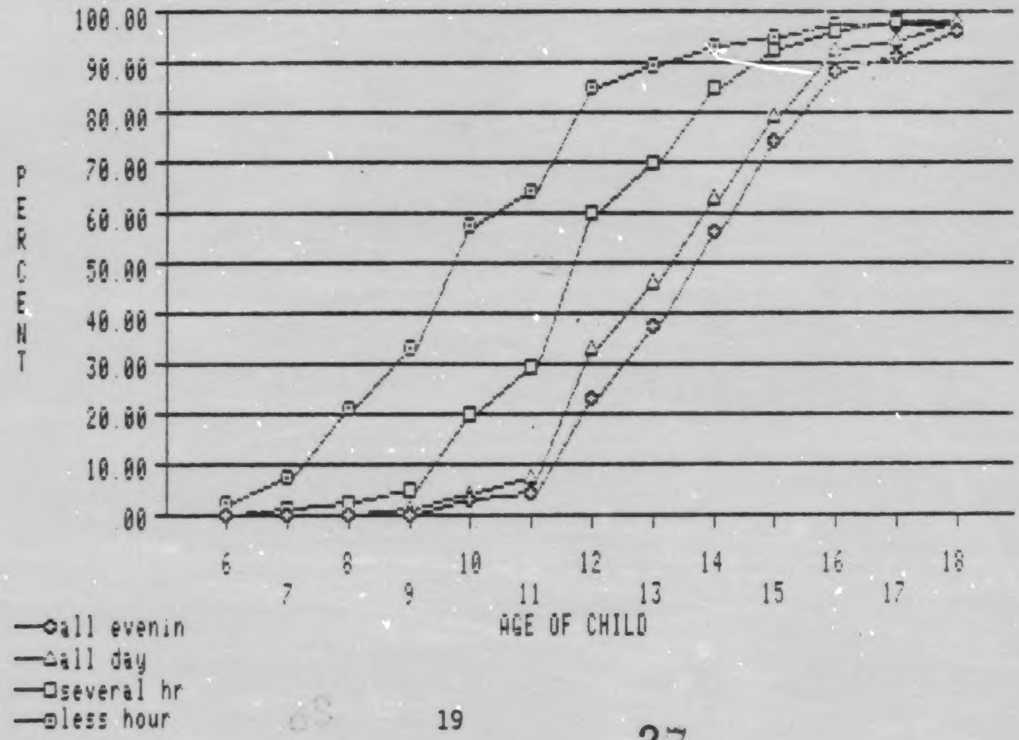
Almost all of the families using self/sibling care (V-90%; M-95%) reported that there were advantages to this arrangement. Noting that most of the children in self-care were more than 11 years old, increased

EXHIBIT G: AGE AT WHICH PARENTS WOULD FEEL COMFORTABLE LEAVING CHILDREN ALONE

VIRGINIA



MINNESOTA



independence for the child and having the child learn new survival skills were the two benefits most frequently mentioned by parents in both states. One Virginia single parent, however, a mother of two, reported that the resulting independence and survival skills were not viewed as a "benefit." She felt her daughters were growing up too fast as a result of self-care.

Few parents expressed dissatisfaction with self-care arrangements. The overwhelming majority of parents (V-86%; M-99%) said that this arrangement met their needs. More than half the parents who had children in self-care said that this arrangement allowed them to do things they would not otherwise be able to do. Work, specific household tasks, and free time for civic and recreational activities were frequently mentioned. Other benefits cited during the in-home interview were dating (for single parents), overtime work and educational pursuits.

While parents did not directly report dissatisfaction with self-care arrangements for their school-age children, more than half the families in Virginia and 46 percent in Minnesota did mention at least one worry. (See Exhibit H.) More parents worried about accidents than any other potential concern, and the largest percentage of problems that developed were related to accidents. Most of the parents' worries had not developed to the problem stage. Certain concerns which receive a lot of publicity--such as too much television, loneliness and sexual activities--accounted for 0 to 5 percent of reported worries/problems.

Most parents (V-89%; M-95%) had special instructions or ground rules for the time their school-age children spent without adult supervision. The more frequent rules related to stove/appliance restrictions; not letting anyone, including friends, in the house; housework and chores; restricted area for play; and regular check-in calls. More than one-quarter of the families would not let their children have anyone in the house when the parents were not at home; some of the children who were interviewed mentioned this as a drawback to the self-care situation.

EXHIBIT H: PARENT CONCERNS WHEN CHILDREN ARE WITHOUT ADULT SUPERVISION

Concern	VIRGINIA Percentage Worried (Not Problem)	 Percentage Problems (and Worry)	MINNESOTA Percentage Worried (Not Problem)	 Percentage Problems (and Worry)
Accidents	37	9	63	8
Juvenile deliquency/ peer group concerns	4	5	7	6
Too much TV	-	-	-	1
Nutritional concerns	-	-	3	-
Drugs	4	-	-	1
Alcohol	-	-	-	1
Sex exploration (with or by peers)	-	-	-	3
Sex exploitation with or (by adult/older child)	5	-	-	-
Homework neglected	-	6	-	10
School/grade problems	-	-	-	-
Truancy (cutting or skipping school)	-	1	1	-
Other problems in school	-	-	-	-
Loneliness	1	2	-	3
Boredom	2	-	1	3
Fear/axiety	14	-	4	-
Child feels unloved	-	-	-	-
Other emotional problems	-	1	-	-
Chores neglected	1	-	1	-
Fighting with siblings	1	3	8	4
Rule violation	2	4	8	4
Wear and tear on house	5	1	3	3
Fire	8	-	-	-
Intruders	15	3	-	-
Other	17	6	10	8

These percentages are based upon the 12% of the Virginia sample and the 11% of the Minnesota sample who responded to this item.

The first table entries should be interpreted as follows: Of the families in Virginia who use self/sibling care arrangements and who report having particular problems or worries, 37% worry about accidents, while another 9% have had a problem (as well as a worry) with accidents.

In summary, parents reported that they were satisfied with their self-care arrangements, but about half of them had worries associated with this situation. Many parents seemed to feel there were some positive effects for their children who were left without adult supervision. Self-care arrangements were most often found in single-adult households or in those in which both parents worked.

Likely Future Trends and Remaining Issues

Working parents' need for child care for their school-age children is an issue that is attracting widespread attention. Assuming that parents will continue to work of necessity or desire, what can be done to improve the care arrangements for their school-age children during nonschool hours?

Families with all adults working full-time outside the home and single-adult households reported difficulties with their school-age care arrangements more frequently than other types of families. A variety of ways of responding to the needs of these families is possible. Existing modes of care could be made more accessible. More age-appropriate programs might be developed in day care centers. Diverse forms of employer assistance in child care should be explored. Public school-based before-and-after school programs could be expanded in size and number. In this study special attention was devoted to these last two alternatives.

Employer Assistance in Child Care

The types of child care assistance employers have offered vary considerably, and have included alternate work schedules, sick child leave, administration of a child care program on or near the worksite, and purchase or subsidy of child care "slots" for employees with local providers. A new personnel benefit concept, known as the "cafeteria" plan, allows employees to choose the benefits they want from a range of alternatives (substituting leave to take care of sick children, for example, in place of other "credits," such as health insurance, vacation, sick leave).*

Parents were asked whether particular types of child care assistance were offered by their (or their spouse's) employer, and if so, whether they used the assistance. The responses for both states showed nearly identical patterns of availability and usage. Flexible hours (usually on an informal basis) were offered and used more than any other type of support (V-22%; M-20%). Other types of assistance (such as information and referral, centers or family day care homes on or near the worksite, and acquiring day care "slots") were far less available, and were typically not used when offered. Possible reasons for not using available assistance could include: a nonworking spouse provided child care; parents had part-time work schedules; the care services arranged by the employer were inconvenient or unacceptable; and the hours of operation did not coincide with the nature of job responsibilities.

Most employer assistance programs are directed toward preschool children, whose care needs are for larger blocks of time. Flexible hours and leave policies may be more directly related to the care needs of families with school-age children.

Nearly all (V-95%; M-81%) of those who used some type of employer assistance indicated they were staying--or planned to stay--longer at the job because of that assistance. Roughly half (V-56%; M-50%) said that working was possible only with the available support. Employees using child care support available through their job perceived a strong positive effect on their work performance and their interest in remaining with that employer. Many felt this support was critical if they were to work at all.

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* A separate ACYF study, the National Employer Supported Child Care Project, will provide information on all known employer supported child care programs and will develop "how to" materials for businesses interested in starting a child care program. Contact--Patricia Hawkins, Administration for Children, Youth and Families, for further information.

School-Based Programs

Northern Virginia is one of a growing number of areas nationwide that has experimented successfully with public school-based extended day programs. These programs are funded primarily through parent fees, with the balance provided by the local government. Minnesota (particularly in the Minneapolis-St. Paul metropolitan area) also has a growing number of day care programs in the public schools.

Parents who used this type of program tended to be very satisfied; as a group, more parents in both states felt their needs were extremely well met with this mode of care than any other. The most frequently mentioned benefits of these programs were parent involvement and educational activities for the children. School-based extended day programs offered parents and their school-age children a supervised care arrangement free of many transportation difficulties.

Some private sector providers did not like the competition offered by publicly-supported programs. (Others, it should be noted, cooperate by sharing staff and other resources.) Programming to meet the needs of both older and younger children seemed to be an almost universal concern with school-based care.

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FOREWORD

The primary purpose of this report is to present an overview of the study objectives and research issues of this study of school-age day care, the procedures that were used to collect and analyze data, and the findings. The report is intended to serve the needs of several audiences--state and local officials wishing to replicate all or part of this study, providers of day care services interested in a complete consumer profile in two states, and those members of the research community seeking knowledge of the state-of-the-art of school-age day care. Because of these multiple audiences, the report has been organized to address a variety of information needs as efficiently as possible for each reader.

- Chapter 1 presents an overview of the study and of the research issues in school-age care. The section on issues in school-age day care, including references to prior studies and recent government, professional, and mass media publications in this area, may be of greatest interest to the research community.
- Chapter 2 contains a detailed discussion of the procedures used to collect and analyze the telephone survey and in-person interview data--from scheduling interviews and interviewer training through editing data. This chapter will be pertinent to the research community as well as to practitioners contemplating their own studies.
- Chapters 3 through 7 present the findings of the study: each chapter is organized according to an issue or theme in school-age day care. The themes discussed include school-age care usage patterns, satisfaction with care, how parents find and select care, consequences of various types of care arrangements, families whose children are without adult supervision on a regular basis, and other special population groups.
- Chapter 8 discusses the community context for school-age care in the States of Minnesota and Virginia. This chapter contains an overview of demographic variables, state and local programs and issues affecting child care, and parents' views on needed care alternatives.
- Chapter 9 provides the researchers' conclusions about future directions for school-age care based on the results of this study.
- Appendices contain copies of the data collection instruments.

1

INTRODUCTION

Study Overview

The Administration for Children, Youth and Families in the U.S. Department of Health and Human Services awarded Applied Management Sciences a contract in 1980 to examine issues in care arrangements for children ages 5-14. Important topics included the types of arrangements parents make, how satisfied parents are with these arrangements, the ages and circumstances in which parents feel children can be left alone, and viable alternative care arrangements. This study was designed to provide information for the following audiences: decision makers in day care of state and local governments, researchers, day care practitioners and consumers.

Traditionally, day care policy has been conceived at the state level and implemented by state and local agencies. The Federal government role has generally been one of a crisis mediator during time of national, social, political, and economic changes. For example, the need for child care was greatly stimulated by the industrialization and urbanization of the late 19th and early 20th centuries; the enactment of child labor laws during the early 1900's; the increased labor market needs generated by World Wars I and II; and the women's movement of the 1920's and revitalization of that movement in the 1960's and 70's. Except in times of war, Federal support for day care services has been targeted primarily to low income families.

States, on the other hand, have been responsible for establishing standards, licensing requirements, targeting Federal and state funds, sponsoring research, and providing technical assistance to local agencies. Local communities have usually been involved in conducting their own assessment of needs for day care services and in designing their own programs. The private sector has also been involved in providing services to meet the needs and demands of families. For these reasons, this study focused on gathering the types of information that would be useful to states, communities, and providers in setting policy priorities, targeting resources, planning programs that are responsive to consumer needs, and generating alternatives for meeting those needs. Specifically, this day care study can help answer such policy questions as:

- For which types of day care programs is the demand increasing?
- What types of school-age child care services do various communities provide?
- What could the community do to improve school-age child care services?
- How do program needs differ with the age of the child?
- How satisfactory are current day care arrangements?
- What are the barriers to obtaining satisfactory care?
- How do various sectors (private, public, and voluntary) interact in providing care for school-age children?

The answers to these questions can help public and private sector agencies determine the type of assistance and services that could be provided and areas where improvement is needed. To answer these and other questions, both telephone and in-person interviews were held with families with school-age children, with state officials, and with day care providers. The examination of school-age child care was conducted in two states--Virginia and Minnesota. Certain types of data were also gathered at the community level within these states, since attitudes and practices regarding school-age care vary within states. Thus the study was both consumer- and policy-oriented. Chapter 2 contains a detailed description of the study methodology.

The objectives of this study were:

- to develop a detailed understanding of families' care arrangements for children ages 5-14;
- to obtain information on special subpopulations including families who have recently lost government subsidies, families with children who take care of themselves (self-care), families who have complex care arrangements, and families who received employer-assisted child care for school-age children; and
- to develop a methodology that can be replicated by states and local agencies interested in school-age care.

Trends in School-Age Day Care and Research Issues

Before specifically defining the research questions for this study, we conducted an extensive review of recent literature on child day care. Throughout the project, staff attended conferences on the subject, reviewed pertinent professional publications, and discussed key issues with other researchers.

Most of the research in the field of day care has focused on preschool children. The issue of school-age child care is of particular concern, in part because of the suspected prevalence of self-care arrangements and also because little is known about child care usage and attitudes for this population. What types of care arrangements are available for these children? What modes of care do parents use? Prefer? Are many school-age children being left without adult supervision? What are some of the current trends in service provision for this age group? These are some of the questions that we researched in the literature. The following is a discussion of the major trends in day care for school-age children, the issues that need resolution, and probable future directions in service provision.

Why Is School-Age Child Care an Issue?

There is a certain ritual which is customary in launching a discussion of day care. First one cites the number of working mothers and the steady increase in this number over time. The next step is to cite the number of children needing care as compared to available slots. The resulting answer becomes "the day care problem." The discussion seldom goes beyond gross figures to look at

> specific relationships of incidence of employment and type of day care arrangements according to age of children... Partly this occurs because good detailed statistics are not available... The issues of providing day care change with the age of the child being discussed (Prescott, Milich; 1974, p.1).

Although this citation comes from a report published eight years ago, the authors' conclusions remain valid today. Very little has been written exclusively about day care for school-age children, with two notable exceptions--the work of the School-Age Child Care Project (SACC) of the Wellesley College Center for Research on Women and that of Elizabeth Prescott and Cynthia Milich of Pacific Oaks College in Pasadena, California. The SACC Project has focused most of its efforts on a specific mode of service provision--before-and-after-school programs based in the public schools. The Prescott-Milich studies were conducted in Los Angeles County.

Although there is a surprising lack of research specific to school-age child care, certain concerned professionals have built a strong case for a growing need for services by assembling data on demographic and social trends. One of the leaders in this effort is the previously-mentioned SACC project, whose staff provide a concise summary of these statistics and their implications in a research paper (1981) on school-age child care:

> A confluence of demographic factors suggests that the need for school-age child care will increase during the next decade. By 1990 there will be a 10 percent increase in the number of children between the ages of 6 and 13, attributable primarily to the coming of parental age of the post World War II 'baby boom' generation... Continuing a trend of several decades, the mothers of these school-age children are almost twice as likely to be employed--and employed full-time--as mothers of preschoolers... about 18 million children between the ages of 6 and 13 may need some form of school-age child care by 1990... By 1990 families are expected to have fewer children and to have them more closely spaced: i.e., it will be less likely for families to have adolescent children to care for young school-age children. And, since more and more women will be employed outside the home, families will find it more difficult to turn to aunts, grandmothers, or family day care providers to take care of their children (pp. 12-13)

Wendy Gray of SACC reported 1980 Department of Labor statistics pertinent to school-age child care in a recent issue paper (1981): "...62 percent of mothers with children ages 6 to 13 are working; most

(78.2%) are employed full-time... approximately 19,201,000 of the 26,368,000 children in the United States between the ages of 6 and 13 have mothers in the labor force, and over 10 million have mothers who are employed full-time" (p. 2). Current economic conditions have forced many women to work to supplement the family income; the number of two-paycheck families has grown 25 percent from 1971 to 1981 (Bureau of Labor Statistics, 1981). Single parents have also added significantly to child care demands; women who maintain families account for more than 9 million workers (60% were labor force participants) (Bureau of Labor Statistics, 1981).

What Is Known about Current Care Arrangements?

Despite the increase in employment of mothers of school-age children, only 3 percent of school-age children were enrolled in known after-school care of all sorts, according to a finding in the 1971 Westinghouse-Westat survey cited in Prescott & Milich's report (1975). A 1978 survey for Family Circle revealed that the most frequently used day care arrangement by working mothers for their children ages 6 to 13 was self- and sibling care (28.5%). Among the other stated arrangements, family day care was used by 23.2 percent of working mothers and school-based care by 22.1 percent. In-home, relative, and center-based care were each used by fewer than 15 percent of the respondents. Fifteen percent did not respond to this question and 11 percent reported some other unspecified care arrangement. Of those who stated a preferred mode of care, day care centers was the most frequent response (Whitbread, 1978).

These data confirm the findings of the Census Bureau in its 1982 Current Population Report Trends in Child Care Arrangements of Working Mothers,"...that there has been, in the past few decades ... a shift away from in-home child care to care outside the home or in group care centers. This trend has been especially pronounced for children with well-educated mothers, full-time working mothers, and mothers with relatively high family income levels who can afford to pay for child care services" (p. 3). The Family Circle survey similarly had found that only 10 percent of their respondents preferred care by a relative. These findings raised a significant question that we have attempted to answer in our study: What features do parents look for in selecting care arrangements for their school-age children? (See Chapter 5.)

The studies discussed above tend to underestimate the usage of family day care, which is largely unlicensed and therefore difficult to account for. According to the National Day Care Home Study (Fosburg, 1981) family day care "... represents the most prevalent mode of care for the five million school children between 6 and 13 whose parents work." Most of these studies did not include 5-year-olds, a population group that, according to the SACC project (1981), may well be the age group with the greatest need for some form of before-and-after-school care in the United States. This admonition, plus the advice of project consultants, prompted the inclusion of 5-year-olds in our study.

The 1974-1975 Current Population Statistics of the Census Bureau indicate that about 13 percent of children between the ages of 7 and 13 with working mothers were home alone during non-school hours (Gray, 1981).[1] Is this true today and, if so, why are other care arrangements not used for this large group of children? These are some of the questions this study attempts to answer. (See Chapter 6.)

According to Prescott and Milich (1974), group care for school-age children is less available than for pre-school children because it is more costly and less convenient for caregivers to provide services during non-school hours than for full-day or half-day periods. Another problem seems to be a lack of agreement on what should constitute adequate "care" for school-age children. The Prescott-Milich study's oft-cited "essential ingredients" for school-age care are:

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[1] Note the increased estimate to 28.5 percent in the more recent Family Circle survey. It is impossible to determine whether these figures are comparable, however, since definitions of "self and/or sibling care" were not provided. See Chapter 6 for the definition used in this study.

> (1) adults who can help children learn skills, understand how social systems work, and develop satisfying arenas of initiative .. (2) spaces and places where things can happen ... development of a wide variety of physical skills ... where projects can be carried out over a long period of time ... and ... which are adequately equipped with tools and supplies to teach skills and craftsmanship .. (3) access to the community." (1974, p. 104)

Needless to say, programs that contain these resources are expensive to providers and users. In the Prescott-Milich scheme, such programs would be classified as "complex activity programs" compared to "simple" (custodial) activity programs, characterized as chiefly "babysitting" and "narrow range activity programs" in which limited activities (such as a sport or craft) are emphasized.

Experience with after-school programs in Massachusetts revealed some parental concerns that schools (with extended day) not replace the family, and that day-care programs not become an extension of the school-day and result in "tracking" of children (Seltzer, 1979). Thus day care providers are faced with the difficult task of designing and operating programs that are affordable, stimulating to school-age children, and not school-like.

No known data exists on the satisfaction of parents of school-age children with their day care arrangements. The National Childcare Consumer Study (Rodes, 1975) comes closer than any other research to answering this question. Nine out of ten users of day care in this study were reported to be satisfied "or at least happy" with their current arrangement(s). These data are not entirely applicable, however, because the study included preschool children in the sample, whose parents are by far larger day care users than those of school-age children.

Why Has the Self-Care Phenomenon Become an Issue?

A growing number of parents seems to be resorting to leaving their school-age children unsupervised for some period of time while they work. In 1967, the Census Bureau estimated that approximately 2 million children between the ages of 7 and 13 could be classified as latchkey (i.e., in regular self-care). This figure represents approximately 13 percent of the nation's school-age children and 0.4 percent of children ages 3-6 (Lacey, 1982). Numerous articles have appeared recently in the popular press and in professional journals concerning this "latchkey" phenomenon. This publicity has focused attention on the particular problems of care for the school-age child. According to James Barabino of Pennsylvania State University,".. the risks associated with latchkey children are of four types: that they will feel badly (e.g., rejected and alienated); that they will act badly (e.g., delinquency and vandalism); that they will develop badly (e.g., academic failure); and that they will be treated badly (e.g., accidents and sexual victimization)" (Sitomer, second of four articles, 1981, p. 14).

Tom and Lynette Long are currently conducting research on latchkey children in the Washington, D.C., metropolitan area. Their advice on the age and circumstances for leaving a child alone is "not too young, not too much responsibility, not too long, and not isolated" (McGee, 1982). Another problem for working parents is the child's attitude toward day care. Lynne McGee, in a Washington Post article says:

> Even when quality, affordable day care is available, children at age 11 or so either become ineligible or begin to balk at having a 'babysitter.' Working families face those awkward years--with anxiety and little assistance--when children are too old for babysitters but not ready for day-to-day responsibilities.

Many parents may feel more confident leaving 10- and 11-year-olds in self- or sibling care than teenagers. In a recent interview with Newsweek, a divorced mother of two daughters, ages 12 and 14, says she trusts her children now but worries "about the next few years when they start having friends over" (Langway, et. al., 1982). The authors state that higher-income families are able to keep their school-age children occupied after school with lessons and other pay-as-you-go activities; low income families cannot afford to take advantage of such options.

The only available statistics on the incidence of "latchkey" children were those cited earlier from the Census Bureau report and from the Family Circle survey. Publications on the issue also skirt the definitional problems involved. To estimate incidence, one must prescribe the boundaries of a latchkey situation. Does less than one-half hour unsupervised after school each day qualify a child as latchkey? What about the age of a child--does a 14-year-old child require adult supervision? What if older siblings are present--how old should they be to be considered responsible? How much difference does the child's home or school environment make in parents' feelings about the child's safety? These are questions unanswered by available research that our study attempted to address. (See Chapter 6.) In recognition of the sensitivity of the issues in school-age care and the necessity for obtaining a more comprehensive picture than previous studies had attempted on this subject, a variety of data gathering methods were used. (See Chapter 2.) A telephone survey and in-home interviews were the two chief methods used to obtain estimates of the demand for school-age care and parents' attitudes towards care for their school-age children in the two study states.

What Are Some Probable Future Directions?

Title XX of the Social Security Act, a block grant to states for social services, has provided the largest portion of federal expenditures for day care services. The 1981 Budget Reconciliation Act reduced Title XX funding from $3.1 billion to $2.4 billion and eliminated a $200 million set-aside for child care that was 100 percent Federally funded (Subcommittee on Health and the Environment of the Committee on Energy and Commerce, U.S. House of Representatives, 1982).

Considering the cutbacks in Federal funds for human services in general, any future increases in funding and shifts in program directives will most likely originate at the state or community level. Greater attempts will also be made to involve the private sector in funding and otherwise assisting in providing day care services as public funds decline. This likely scenario prompted the focus in our study on state and community, rather than on Federal policies and practices. We are also concerned with providing policymakers with useful information on consumer attitudes toward and preferences for certain types of day care services. The literature reveals two innovative service modes -- employer assistance in provding day care and public school-based before-and-after school programs.

Public School-Based Programs

An alternative to center-based and family day care that is expanding is providing care for school-age children at the public school facility. While there are no figures concerning the number of programs that are school-based nationally, the School Age Child Care project (SACC) conducted telephone interviews with 125 school-age programs in 33 states during their first phase of research; more than half of these programs had some affiliation with the schools. These programs are characterized by their diversity in administrative arrangements, program philosophy, age mixture of children served, and types of services provided. Certain common denominators can be cited, however: parental participation is encouraged; day care staff are usually different from the teaching staff; and with few exceptions, these programs are nonprofit operations (Sitomer, first of four articles, 1981).

School-based programs have proved attractive to some parents because of their convenience (no transportation is usually required) and reliability (a professional staff is always there). For school administrators, too, there are certain advantages to operating such a program -- the use of empty space during non-school hours is cost-effective during an era of declining enrollments (SACC, 1981).

Problems exist, however, both in establishing and in expanding public school-based programs. Some school administrators have not favored the association of the school with day care, which "has been improperly stigmatized as a service used mainly by the poor or as a place where careless parents simply park their children" (SACC, 1981, p. 18). Other issues administrators cite are concerns about additional legal liability, additional costs, especially energy-related, whether licensing standards would apply, and disagreement as to the type of program that should be provided -- educational, developmental, or custodial (SACC, 1981). Some parents believe the program should be different from the school's curricula, i.e., non-school like, but others are concerned about adequate supervision. Some feel that such programs allow the school to play too dominant a role in a child's life.

To obtain a better understanding of parents' views and what they might imply for the future of programs of this type, we included a question of this issue in our in-home interview with parents. The wide publicity of the Arlington and Fairfax County extended day programs was a factor considered in selecting Virginia as a study state. (See Chapter 8.)

Employer Assistance in Day Care

Until recently, employer assistance in day care was typically limited to some government agencies and hospitals. Private industry is now entering the picture. The Christian Science Monitor, in its series of articles on school-age day care, reported only 20-25 on-site corporate day care programs and noted that most provide services only to toddlers and preschoolers (Sitomer, third of four articles, 1981). Besides on-site programs, other ways businesses can and do assist their employees in providing or finding day care are information and referral services, parent education (seminars at the workplace), flexible benefits (allowing employees to opt for child care benefits such as additional leave with pay in lieu of other benefits), vouchers for child care allowances (subsidizing the cost of qualified care that parents find), flextime, and job sharing (Sitomer, third of four articles, 1981).

The U.S. Department of Health and Human Services, Administration for Children, Youth and Families, is currently sponsoring the Employer-Supported Child Care Project to assist business in supporting their employees' efforts to find and arrange for child care. Specifically, this project is designed to provide a description of existing employer-supported child care activities, to develop needs assessment tools for use by businesses, and to provide information on implementing various methods of child care assistance. Expected products include:

- information on employer-supported child care programs in the United States;
- a flyer for Chief Executive Officers that explains the concept of employer-supported child care, highlights benefits to businesses, and identifies key actions to be taken;

- a pamphlet for mid-level executives who are developing corporate plans for child care programs; and
- a comprehensive manual for corporate program development staff that details needs assessment techniques, program options and implementation steps.

Preliminary findings of this project indicate that the reported number of corporate day care programs has grown to a total of more than 400 nationally.

In 1981, Montgomery County, Maryland, appointed a task force to study the role of the private sector in day care. The recently published findings of its survey of 81 county employers revealed that only one respondent offered on-site day care; fewer than 15 percent provided information and referral for child care or financial contributions toward the cost of care. The majority of employers reported that they were not interested in providing any child-care related benefits in the future (Konicus, 1981). These results are distressing, especially since Montgomery County is located in the Washington, D.C., metropolitian area, which has the greatest percentage of working women of any city in the country. However, when one considers the economic climate during the time this survey was conducted, the results are not so surprising. High unemployment and escalating interest rates do not create conditions favorable to investing in employee benefits. As economic conditions improve, so might the growth of employer assistance in day care.

Since little research has been done on this subject, we included a special section on employer assistance in day care in the telephone survey. (See Chapter 7.) Interest in this probable future trend was also a factor in the selection of Minnesota as one of the study states, because of its reputation for innovation in the day care community. (See Chapter 8.)

The next section illustrates the translation of the broad issues emerging from a review of the literature into specific research questions for this study. Major themes became study objectives around which questions for investigation were organized. Development of the telephone survey instrument and in-home protocols followed these general guidelines. Specific plans for data analysis were also structured using this framework.

Study Objectives, Research Questions, and Audiences

Seven study objectives were formed from the results of the literature review and discussions with project consultants. They were:

(1) to determine the patterns of care arrangements for school-age children;
(2) to determine the level of parent's satisfaction with current care arrangements and the factors related to their level of satisfaction;
(3) to describe how families find and select their care arrangements;
(4) to describe the impact of various care arrangements on families' lives;
(5) to explore the circumstances of and attitudes toward self-care by school-age children;
(6) to investigate several special issues relating to certain groups of families (such as those with complex care arrangements, those who have experienced reductions in or loss of government subsidies for child care, and those whose employers have assisted in some way with child care); and
(7) to describe the community context for provision of school-age care and to assess ways the community can meet its needs for care.

The research questions pertaining to each objective are listed in Exhibit 1.1. Following is a discussion of the major themes exemplified by these objectives.

One major issue addressed in this effort is the patterns of child care used for school-age children. The survey gathered information on the specific types of child care (e.g., care by a relative in the home, public school-based programs, etc.) and when those forms of care are used (afternoons, weekends, etc.). These data provide information on the most frequently used child care arrangements for school-age children for specific time periods. One can also examine various demographic variables to see if certain types of people tend to use certain types of child care. For example, do higher income families tend to use more expensive kinds of care or particular types of child care (e.g., in-home care by a paid non-relative)? Such usage information should be of interest to child care providers, local communities, and government agency personnel. It could give them a basis for planning future child care initiatives and for targeting child care to particular population

EXHIBIT 1.1 STUDY OBJECTIVES AND RESEARCH ISSUES

OBJECTIVE I: To determine the pattern of child care used for school-age children

- What types of care arrangements do parents use?
- What types of families tend to use what types of care?
- What are the characteristics of care used (e.g., costs)?

OBJECTIVE II: To determine the level of parents' satisfaction with current care arrangements and the factors related to their level of satisfaction

- How satisfied are parents with current care arrangements?
- What factors are associated with satisfaction?
- What are the perceived benefits of current care arrangements?
- What problems are associated with current care arrangements?
- What types of care are preferred and why?

OBJECTIVE III: To describe how families select their child care arrangements

- What sources of information do people use when looking for child care?
- What influences people's choice of care?

OBJECTIVE IV: To describe the impact of various child care arrangements on families' lives

- What are the barriers to use of preferred care?
- How have child care demands affected parent employment status?
- Are people aware of and using the child care tax credit?
- Why do people change their care arrangements?

EXHIBIT 1.1 STUDY OBJECTIVES AND RESEARCH ISSUES (Continued)

OBJECTIVE V: To examine the circumstances of and attitudes toward self-care by school-age children

- What are the characteristics of families whose children care for themselves?
- How do households feel about self- or self- and sibling-care?
- What are the consequences of such arrangements?
- What is the history of these arrangements in families?
- Are there perceived alternatives?

OBJECTIVE VI: To investigate several special issues relative to certain groups of families

- What were the circumstances of lost or reduced government subsidies?
- What were the consequences of the loss or reduction?
- What types of child care assistance do employers provide?
- What are the advantages of these arrangements?
- Are there other preferable arrangements?
- Why do some families have complex care arrangements?
- What advantages and disadvantages are associated with complex care?
- What changes in care arrangements are desired?

OBJECTIVE VII: To describe the community context for provision of school-age care and to assess ways the community can meet its needs for care

- What types of school-age child care services do various communities provide?
- What is the perceived need for services?
- What could communities do to improve school-age child care services?

subgroups (e.g., the data may show that Hispanics prefer family day care to other modes of care). In addition to information on the users of school-age child care, data on costs and transportation associated with child care modes were also collected. This information should be of interest to child care providers, state officials, employers, and community social services agency personnel who could use the data to understand better the financial and logistical burdens of child care.

In summary, major research questions in this area include:

(1) What types of child care arrangements are used?
(2) What types of families tend to use what types of care?
(3) What are the characteristics of care used?

A second important objective of the study is to assess how satisfied parents and their children are with their care arrangements, what features of their care are considered most beneficial, and which features cause them problems. This information will point to the positive and negative aspects of particular care arangements and should be of interest to employers, public and private child care providers, and state officials concerned with policymaking and program development. Data in this area should indicate what parents and children do and do not like about various types of school-age care arrangements.

Key research questions under this topic are:

(1) How satisfied are parents with current care arrangements?
(2) What factors are associated with satisfaction?
(3) What are the perceived benefits of current care arrangements?
(4) What problems are associated with current care arrangements?

Another area of interest is that of decisionmaking: how parents find and select child care for their school-age children. Data gathered to address this issue include information on the search process, on the features of care that were important considerations in deciding which type of care to use, on what parents prefer most for child care, and on the barriers to utilization of preferred care (i.e., if the parents would rather have a different type of care, why don't they?). Data on the search process should be of particular interest to information and referral centers and other organizations involved in linking child care suppliers with care seekers. The study will pinpoint the key information sources typically used by parents (e.g., neighbors, church bulletin boards); this information could then be used to target advertising. If particular segments of the population are experiencing difficulty locating the kind of care they want, the data will indicate avenues of dissemination most often used by those populations. Similarly, care providers, state standards developers, and others in the field should be interested in the aspects of care arrangements (e.g., location, costs, background of provider) that are most important to parents when deciding upon child care. Finally, state program administrators, state funding authorities, and child care providers should also find data on preferred care helpful in their planning and operations.

A number of research questions apply to this area, including:

(1) What sources of information do people use when looking for child care?
   -- What types of people tend to use what types of information sources?
   -- Do certain types of information sources tend to lead to certain types of child care?
   -- How are I&R services used and perceived?
(2) What influences people's choice of care?
   -- What types of criteria do certain people tend to use in deciding which care to use?
   -- What do parents consider "quality care"?
(3) What types of care are preferred and why?
(4) What are the barriers to using preferred care? Are certain types of barriers associated with certain types of care?

Child care advocates, state planning agencies, and child welfare organizations should be expecially interested in the information the self-care module of this study provides on such children in each state. This aspect has received much attention recently in the media, but little research has been done on children regularly in self-care and their families. This survey gathers information on how parents and children feel about self-care, what problems occur, what the advantages/ disadvantages are, and how/why a problem came about. It also examines the ways parents cope with this arrangement--any ground rules and worries they have as well as advice for other parents. An important issue is to determine the extent to which parents of such children have looked for other care arrangements and the reasons they could not obtain alternate care.

Specific research questions pertaining to the self-care issue include:

(1) What are the characteristics of families whose children care for themselves?
  -- What do children do/how do they feel when they are alone?
(2) How do families in general feel about the amount of time and age at which children can be left alone?
  -- How do households feel about self-care/sibling care?
  -- Do parents and their children know how each other feel about self-care?
(3) What are the consequences of self-care arrangements?
  -- What problems are anticipated/have occurred?
  -- How do parents deal with these situations?
  -- What benefits are there for the child?
  -- What benefits for the parent?
(4) What is the history of such arrangements in families?
(5) Are there (perceived) alternatives?

With recent government budget cutbacks, another population group of special interest is families whose child care subsidies have been reduced or cut off. Funding authorities, welfare agencies, and private sector providers should be interested in the study's module examining what loss or reduction in subsidized child care has meant to these families: how the children are being cared for now versus under subsidized care and what this change means in terms of availability, costs, transportation, quality of care, and employment/training for the parents.

Research questions in this area are:

(1) What were the reasons for the lost/reduced subsidy?
(2) How did this affect child care?
(3) How did the loss/reduction affect the family? child? parent?

One innovative approach to child care services in recent years has been the emergence of employer assistance in child care. Business and industry, as well as child care organizations, should find an examination of employer-assisted child care of interest. Another module of this survey examines the different types of assistance employers offer, the benefits accruing to employees and their children, the level of satisfaction, and the advantages to employers of offering this assistance.

Study questions address the following topics:

(1) What types of child care assistance do employers provide?
(2) What are the advantages of this arrangement to employers? employees?
(3) Are there other preferable arrangements?
(4) What are the barriers to preferred care?

The final research issue in this study is to provide day care practitioners and state and local child care organizations with a picture of the community child care environment: the perceived child care options, awareness of supportive services, and suggestions for improvement. This survey collects information at the community level on child care supply and demand, and on what parents suggest could be done to improve school-age child care in their community.

The following research questions are addressed:

(1) What types of communities have what types of school-age child care services?
(2) What is the perceived need for service?
(3) What could the community do to improve school-age child care services?

In summary, this survey can furnish a great deal of information on many aspects of school-age child care: usage patterns, satisfaction, decisionmaking, child self-care, lost subsidies, employer assistance, and community initiatives. The potential audience for this information includes: state and local government officials, public and private child care providers, employers, human service organizations, and child care professionals in the field. Use of this tested methodology will enable states and communities to collect child care information for subsequent planning and decisionmaking at a minimum cost in dollars and time.

2

METHODOLOGY FOR SCHOOL-AGE DAY CARE STUDY

This chapter discusses the methodological approach used for this study. It includes an overview of state selection considerations, methodological limitations, and the procedures used for the telephone survey and personal interview components of the study.

Overview of Study Methodology

Major Study Components

This study has two basic aims--to obtain information on families' usage of and attitudes toward day care for their school-age children that could be generalized to the state level; and to describe the context within which families make their day care decisions and communities provide day care services. The study methodology was thus tailored to enable us to acquire both generalizable and purely descriptive data on school-age child care. Three types of data collection techniques were used:

- computer-assisted telephone interviews;
- in-person discussions with parents and their school-age children, providers of day care services, and state and local officials involved in day care; and
- focus group discussions with parents of school-age children in two communities.

The telephone survey was conducted with a random sample of households with children ages 5 to 14 in two states, Virginia and Minnesota. A complex questionnaire that addressed the first six study objectives was developed for these interviews (See Chapter 1). The objective concerning community context and alternatives was handled through in-person interviews. Because this instrument contained several large and numerous small subsections, it was most efficiently administered through a CATI (computer-assisted telephone interview) system (see Appendix B).

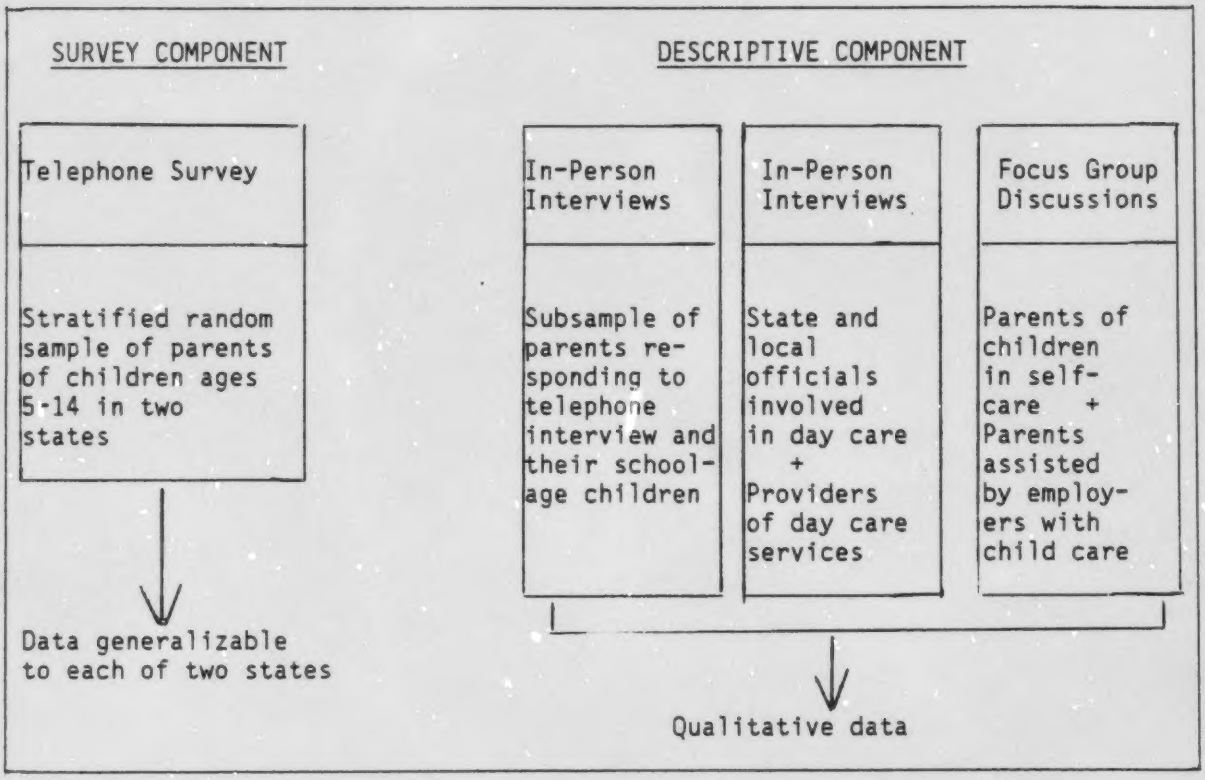
The descriptive component of the study consisted of in-person interviews and focus group discussions. Child care arrangements cannot be precisely described over the telephone so it was important to augment the attitudinal data obtained from the telephone survey with more detailed explanations of certain phenomena, such as how parents feel about having school-age children unsupervised. A subsample of parents who responded to the telephone survey and their school-age children were selected for in-person interviews. State and local day care officials in both states were also interviewed concerning present and likely future policies in this area. Discussions were also held with providers of day care services in the public, private, and voluntary sectors in selected communities in the two states. These interviews focused on a description of available services, problems with serving school-age children, interactions with other providers, and forecasts about future demand for services.

Finally, focus group discussions were conducted with several small groups of parents in both states. This technique was used to obtain information on sensitive topics such as self-care, and from hard-to-reach parents whose employers assisted with child care. Exhibit 2.1 illustrates the major study components described above.

Overview of the Approach to Sampling and Data Collection

Although this was a study of school-age child care in two states, several groups within this population were of particular policy interest. We were more concerned, for example, with that part of the population that uses day care because of employment circumstances, i.e., families in which both parents or a single head of household are employed full time out of the home, than with families for which parent care of school-age children is the predominant mode. Because of the increasing number of working mothers, we were especially interested in the needs and concerns of

EXHIBIT 2.1: MAJOR STUDY COMPONENTS


SURVEY COMPONENT
DESCRIPTIVE COMPONENT
Telephone Survey
Stratified random sample of parents of children ages 5-14 in two states
Data generalizable to each of two states
In-Person Interviews
Subsample of parents responding to telephone interview and their school-age children
In-Person Interviews
State and local officials involved in day care + Providers of day care services
Focus Group Discussions
Parents of children in self-care + Parents assisted by employers with child care
Qualitative data

families whose school-age children are without adult supervision on a regular basis. Another group of interest was families with complex care arrangments. We also attempted to determine whether recent policy decisions (such as reductions in Title XX funding or other government subsidies and increased tax incentives to employers to assist in the provision of child care) have affected certain families' abilities to provide adequate care for their school-age children. These population subgroups were considered in designing approaches to sampling and data collection.

The major objectives addressed in developing the sampling design were (1) assuring adequate within-state representation of the various subpopulation groups; (2) enhancing the capability for generalization to the state level; (3) allowing within-state comparisons across urban sites; (4) obtaining reliable study findings; and (5) fostering replication of the study by other states. The sampling strategy chosen to meet these objectives is described below.

To achieve state-level generalizability of survey results, we chose a total sample of approximately 1,000 households with children ages 5 to 14 (about 500 per state). The sample was stratified by employment status of adults so that approximately 75 percent of the completed interviews were held with households in which all adults were employed outside the home. Oversampling of households with working parents was done to provide a large enough sample for analysis of this group. The sample was adjusted, however, so that the findings could be generalized to households that have children 6 to 14 years old or have a 5-year-old child in kindergarten, live in one of the two states surveyed, have a telephone, are willing to respond to surveys, and are not away from home almost all of the time. Therefore, the telephone survey data can reasonably be generalized to the population of households with school-age children in each of the two study states (with the exceptions noted above).

Selection of States

This study was limited to two states so that a sufficiently detailed description of day care services and parents' attitudes toward school-age child care could be provided within available resources. In selecting the two states for the school-age day care study, we took several considerations into account. First, we were interested in selecting states that were different in terms of geographic location, the nature of school-age day care services, and statewide demographic factors. We sought to maximize variability on these dimensions so that the data and methodology would be applicable in a variety of settings. Second, we wanted to select states where we would have a high probability of reaching day care users, e.g., where unemployment would not be so high that day care was not needed. Receptivity of the state to the study was an additional consideration. These criteria were then translated into operational characteristics. Through information provided by the Administration for Children, Youth and Families, supplemented by telephone contacts (with the states, Census Bureau, and day care organizations) and review of documentation (Title XX Plans, other reports, state standards in day care), data on the following characteristics were collected for a number of states:

- Child Care Funding
  - -- Title XX allocations and percentage to day care, client costs, non-Federal funding sources used, total child care budgets
- Child Care Program Innovations
  - -- existence of programs for children in self-care, employer-assisted care, school-based programs, information and referral centers, other innovations
- Child Care Policies and Standards
  - -- licensing systems, information and monitoring systems, legislation, governance structure
- Child Care Clients and Providers
  - -- Title XX clients, statewide clients (families/children), providers (centers, family and day care homes)
- Demographics
  - -- ethnicity, unemployment, poverty, female employment, school-age population, urbanicity

Efforts were made to obtain information specifically for school-age children, although data were not always available at this level [illegible] specificity. Based on a thorough review of this information, Minn[illegible]a and Virginia were selected as the study states.

Rationale for Selection of Minnesota

Minnesota was chosen primarily because it is a progressive day care state with demographic characteristics favorable to this study's objectives. The State has relatively low unemployment (5.4%), higher than average family buying power ($20,000), low poverty (6.4%) moderate metropolitan population (64.3%), above average school-age population (26.4%), and average female employment (42%). With the exception of a low minority population, it represents a typical profile for a growth state--a state that could benefit greatly from expanded knowledge of and options for providing school-age care.

In terms of publicly-supported day care, the programs are basically county-administered. Block grants are given to the counties, which funnel funds to families in need of services. The state has about 10 consultants to approximately 200 county staff members who deal with day care, licensing, monitoring, etc. In Minnesota, family care is limited to a maximum of five children; the presence of six or more children is considered center care.

No income disregard program or Title IV-A funds are used for day care. A considerable amount of state and local funding supplements Federal funds. Some employers contribute a percentage of their profits to the state to help provide day care, and many other employers provide day care support for employees' children through a variety of programs and methods. All of these factors indicate relatively strong support of and commitment to day care. The state is operating a sliding fee program, funded at $1.5 million for two years, in which 29 of 87 counties are participating; it also has a school-age child care (SACC) project site.[1/]

Rationale for Selection of Virginia

Virginia was selected because it, too, is a progressive State, but in different areas of day care than Minnesota. It has innovative policies

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[1/] This term refers to the School-Age Child Care Project operated by the Center for Research on Women of Wellesley College. This project provides information and technical assistance to communities which want to establish or expand before-and/or-after school programs offering school-age child care.

and practices for the use of public schools to provide before-and-after-school care. Virginia is also conducting an investigation of the impact of lost welfare subsidies on families. Another area of interest is a pilot program to teach survival skills to children in self-care in Northern Virginia. It provides other contrasts to Minnesota as well. Virginia is part of the fast-growing sunbelt, yet as part of the South is in the poorest region of the country. Unemployment is low (6.0%), family buying power is moderate ($19,000), poverty is moderate (8.3%), as is metropolitan population (65.5%), and female labor force participation is average (43%). An average percentage (25.5%) of families have 5- to 14-year-old children. Minorities are also well represented (18.7% Black, 1.5% Hispanic), unlike the low minority representation in Minnesota.

Virginia, like Minnesota, has a county-administered program. The state mandates care for AFDC recipients, but all other subsidized care is a local option. Each county conducts its own needs assessment. There are no income disregard or Title IV-A day care programs. Twenty-five state level staff members monitor day care in Virginia. The state has about 150-160 group homes and 600 licensed centers. Little other direct information on the supply of day care services is available, no data specifically on school-age day care. Funding for day care is 75 percent Federal, 15 percent state, and 10 percent local--a much smaller non-Federal share than Minnesota. Virginia, like Minnesota, has school-age child care project sites.

With respect to demographic considerations, Minnesota and Virginia are excellent choices in the sense that they have both key differences and key similarities. Minnesota is one of the states with the lowest Black populations; Virginia has one of the highest Black populations. Both states have sizable metropolitan areas, which facilitated examination of multiple urban areas.

Exhibits 2.2 and 2.3 illustrate selected characteristics of Minnesota's and Virginia's day care environment as well as key demographic characteristics.

EXHIBIT 2.2: COMPARISON OF STUDY STATES ON SELECTED CHARACTERISTICS

	Minnesota	Virginia
Title XX Day Care (FY 82)	Low ($6.5m)	Moderate ($10.7m)
% of Title XX to Day Care (FY 81)	Low (2.4%)	Moderate (12.5%)
Non-Federal Funding Sources (FY 82)	High ($8m)	Moderate (25%)
Program Innovations	High	High
Child Care Policies/ Governance	High/county control	local autonomy/ progressive legislation being examined
Title XX Clients Served	12,434	13,189
Licensed Providers	7,387	760[1]
Average Cost per Client	$369	$566

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[1] Includes only group homes and centers; family day care homes are not licensed.

EXHIBIT 2.3: SELECTED DEMOGRAPHIC CHARACTERISTICS OF MINNESOTA AND VIRGINIA

Demographic Characteristics	As of Date	United States	Minnesota	Virginia
Households with 5-to 14-year-olds (%)	1980	25.0	26.4	25.5
Percent Black	1980	11.7	1.3	18.7
Percent Hispanic	1980	6.4	0.8	1.5
Median estimated buying income	Dec.'80	$19,146	$20,089	$18,280
Persons below poverty level (%)	1975	11.4	8.3	10.5
Families below poverty level (%)	1975	9.0	6.4	8.3
Percent metropolitan	1978	72.9	64.3	65.5
Women as a percent of employment	1979	41.7	42.5	43.3
Unemployment (%)	June '81	7.3	5.4	6.0

Telephone Survey Methodology

This section presents the procedures used to conduct the telephone survey, including methods for sampling, interviewer selection and training, quality control, and data editing. Chilton Research Services conducted the telephone survey under subcontract to Applied Management Sciences in the Spring of 1982.

Sampling Procedures and Disposition

The state-level samples were developed through Random Digit Dialing (RDD). This is a procedure through which random telephone numbers are generated from a list of working telephone banks. The telephone central office--identified by the first six digits of a 10-digit telephone number--is an integral part of any RDD system. The Master Telephone Exchange File used in this study contains a listing for each of the approximately 31,000 telephone exchanges (central offices) currently in use in the United States. Each telephone exchange is identified by the following parameters: (1) major population center served--city, town, etc.; (2) county in which the population center is located; (3) SMSA in which the county is located, if applicable; (4) state in which the county is located; and finally, (5) the region that contains the state and county. Information on the "working banks" in each exchange was also obtained. These elements combined to permit an efficient sampling scheme.

The "banks" containing working residential numbers were designated by Chilton Research Services (CRS) prior to the sample generation. When the computer randomly generated the sample of four-digit suffixes, it matched each against the known "working banks" for the appropriate telephone exchange and rejected those falling outside of the "working banks." By this process, approximately 80 percent of the nonworking and nonhousehold numbers were eliminated before the interviewing. Yet this procedure yielded a sample for which every telephone number had an equal and known probability of selection. This is important for developing efficient and unbiased estimates. Also, it did not exclude unlisted, unpublished, or new listings.

The study called for a sample of children ages 5- to 14-years-old who attend school. Five-year-olds were included in the sample only if they were attending kindergarten. Since the study focused on the problems of families with school-age children in which all adults worked full-time, it was planned that approximately 25 percent of the sample would be composed of families with one working and one nonworking parent. In the final study sample, about 28 percent of the sample represented families with one working and one nonworking parent.

Two screening questions, one to determine the presence of children in the desired age range, and one to determine whether the household consisted of one working and one nonworking parent, were asked of respondents. The number of families with one nonworking parent to be sampled was predetermined in advance for rural and nonrural areas based on the estimated proportions of such households in each area. This was done so that all households could be contacted while school was in session, and for the most part rural schools close earlier than urban schools.

To assure the attainment of the highest response rates, initial telephone contact attempts were varied to include evenings, daytime, and weekends. Callbacks were scheduled in an attempt to reach the designated respondent or to accommodate his/her personal schedule. Up to seven calls were made on each sample number to determine whether it was an eligible household. Once the sample number had been identified as a household, up to five additional calls were made to conduct the interview with the appropriate respondent. Exhibit 2.4 illustrates the flow of the screening procedures using the random digit dialing method. A proportion of the refusals were recalled by a different interviewer in a second attempt to complete the interview. Such sample pieces were not dispositioned as "refusals" until the second attempt failed. Exhibit 2.5 presents the final disposition of the telephone interview sample.

The characteristics of households with whom interviews were completed are shown in Exhibit 2.6. The majority of the sample were White and married. Respondents were more evenly distributed according to employment status and income. Note that few respondents belonged to an ethnic group other than White and whose marital status was cohabitating,

EXHIBIT 2.4: FLOW OF SCREENING PROCEDURES

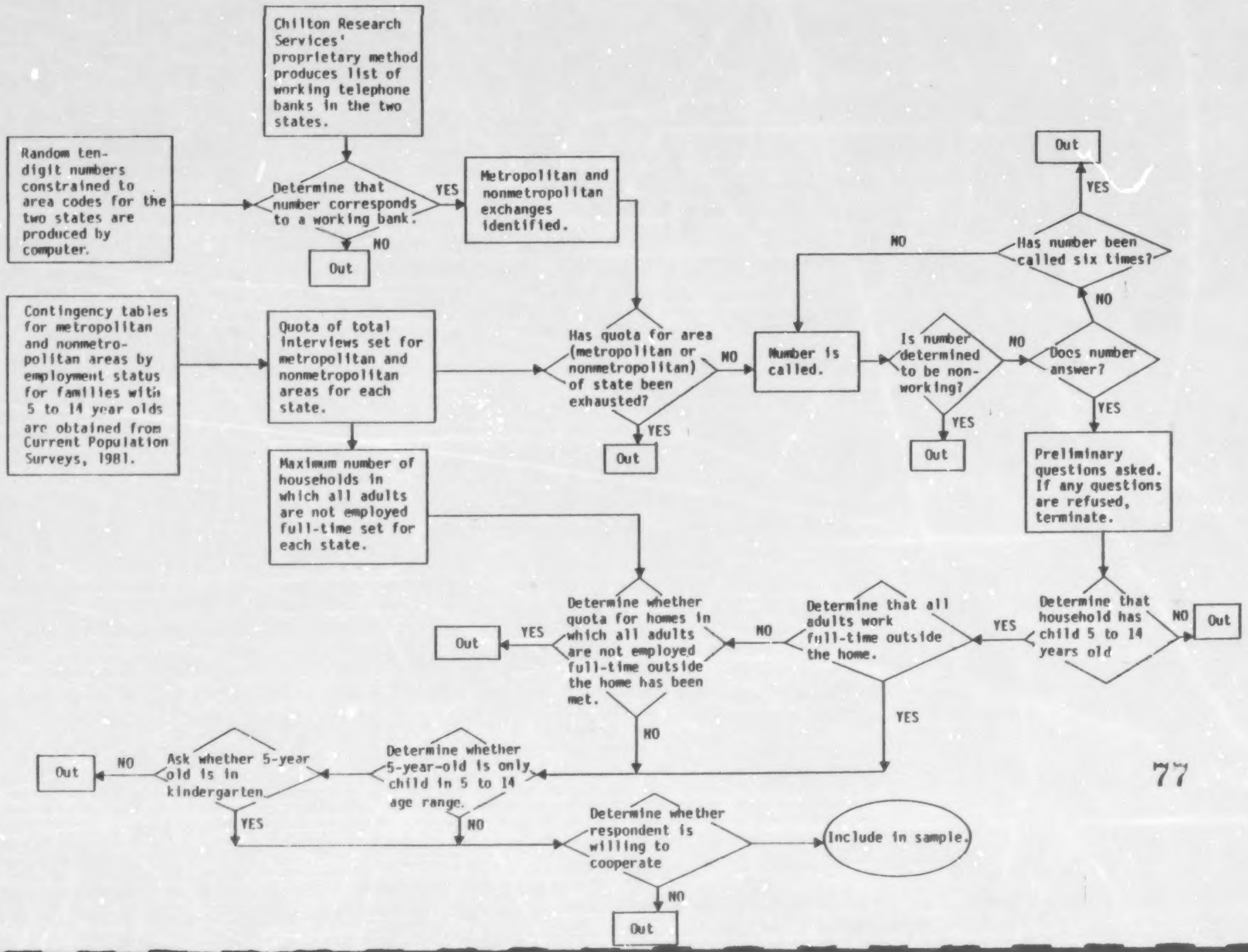
Chilton Research Services' proprietary method produces list of working telephone banks in the two states.
Random ten-digit numbers constrained to area codes for the two states are produced by computer.
Determine that number corresponds to a working bank.
YES
NO
Out
Metropolitan and nonmetropolitan exchanges identified.
Out
YES
NO
Has number been called six times?
NO
Contingency tables for metropolitan and nonmetropolitan areas by employment status for families with 5 to 14 year olds are obtained from Current Population Surveys, 1981.
Quota of total interviews set for metropolitan and nonmetropolitan areas for each state.
Has quota for area (metropolitan or nonmetropolitan) of state been exhausted?
NO
Number is called.
Is number determined to be non-working?
NO
Does number answer?
YES
Out
YES
Out
YES
Preliminary questions asked. If any questions are refused, terminate.
Maximum number of households in which all adults are not employed full-time set for each state.
Determine whether quota for homes in which all adults are not employed full-time outside the home has been met.
YES
Out
NO
Determine that all adults work full-time outside the home.
YES
Determine that household has child 5 to 14 years old
NO
Out
NO
YES
Out
NO
Ask whether 5-year old is in kindergarten
Determine whether 5-year-old is only child in 5 to 14 age range.
YES
NO
Determine whether respondent is willing to cooperate
Include in sample.
NO
Out

EXHIBIT 2.5: FINAL DISPOSITION OF SAMPLE TELEPHONE NUMBERS

Disposition Status	Total	Percentage of Total Sample	Percentage of Total Households	Percentage of Eligible Households
Total Sample	21,433	100.0		
Nonworking	6,060	28.3		
Nonhouseholds	1,559	7.3		
Households	13,814	64.4	100.0	
Ineligible (C)[1]	11,028		79.8	
Ineligible (E)[2]	1,440			10.4
Eligible	1,346		9.7	100.0
Refusals	186			13.8
Callbacks	51			3.8
No answer/busy	117			8.7
Language barrier/Ill	6			0.4
Completes	986[3]			73.3

[1] Ineligible because of household composition, i.e., no school-age children.

[2] Ineligible because of employment, i.e., single parent or both parents not employed full-time outside the home.

[3] Note that the sample used for analysis is 962. The reduction by 24 households was necessary to eliminate those who had only 5-year-old children who were not enrolled in kindergarten, thus these households did not qualify as having children enrolled in school.

EXHIBIT 2.6: CHARACTERISTICS OF SAMPLE HOUSEHOLDS

	(486)		(476)		(962)	
	MINNESOTA		VIRGINIA		TOTAL[1/]	
	#	%	#	%	#	%
Urbanicity						
City (population greater than 25,000)	123	25	133	28	256	27
Suburb	145	30	149	31	294	31
Town (population 2,500-25,000)	87	18	53	11	140	14
Rural area (population less than 2,500)	131	27	141	30	272	28
Marital Status						
Married	398	82	397	83	795	83
Divorced or separated	74	15	62	13	136	14
Widowed	9	2	5	1	14	1
Cohabitating	1	.2	2	.4	3	.3
Never married	4	.8	10	2	14	1
Employment Status						
All adults working full time	279	57	307	65	586	61
One adult employed, one not employed	107	22	100	21	207	22
No adult employed	11	2	21	4	32	3
All adults employed at least part-time	89	18	49	10	137	14
Ethnicity						
White, non-Hispanic	467	96	376	79	843	88
Black, non-Hispanic	7	1	78	16	85	9
Hispanic	1	0	4	1	5	1
American Indian	5	1	6	1	11	1
Asian	3	1	8	2	11	1
Pacific Islander	0	0	1	0	1	0
Other	2	0	3	1	5	1
Refused	1	0	0	0	1	0

EXHIBIT 2.6: CHARACTERISTICS OF SAMPLE HOUSEHOLDS (Continued)

	(486)		(476)		(962)	
	MINNESOTA		VIRGINIA		TOTAL[1]	
	#	%	#	%	#	%
Income						
$ 0-4,999	7	2	18	5	25	3
5,000-9,999	19	5	10	3	29	4
10,000-14,999	42	10	39	10	81	10
15,000-19,999	33	8	38	10	71	9
20,000-24,999	62	15	52	14	114	14
25,000-29,999	52	12	51	13	103	13
30,000-34,999	57	14	41	11	98	12
35,000-39,999	41	10	40	10	81	10
40,000-44,999	40	10	32	8	72	9
45,000-49,999	15	4	21	6	36	5
50,000 +	50	12	38	10	88	11
Refused	68	14	96	20	164	17

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[1] Totals do not always equal 100 percent because figures are rounded.

widowed or never married. The weighted data for categories with few respondents may cause certain responses for these households to appear more significant than they actually are.

The telephone survey was conducted by Chilton Research Services (CRS) using its computer-assisted telephone interview (CATI) system. Interviewers were selected and trained by CRS project staff and monitored by Applied Management Sciences project staff. Approximately three months were required for interviewer selection and training, for conducting the telephone survey, and for cleaning and editing the data. Following is a summary of the procedures for accomplishing these activities.

Interviewer Training

The interviewers and their supervisors attended training sessions specifically designed for this study. This training was conducted in three steps, as follows:

- Step I was a briefing on the background, purpose, and execution of the study. A full discussion encompassed the context of the survey and its overall importance in determining accurate assessments of the need for day care.
- Step II was a briefing concerning procedures for conducting the interview, selecting the most knowledgeable individual as respondent, and a detailed, question-by-question review of the survey instrument. Problem areas that might arise were discussed. Interviewers had the opportunity to ask questions and offer comments concerning their previous work with similar study material. The importance of confidentiality of answers and identity was stressed. Interviewers were rebriefed on CRS confidentiality procedures developed to comply with the Privacy Act of 1974.
- Step III was devoted to practice interviewing, including interviews with each other, while being coached by project staff, thereby becoming acquainted with the programming procedures for this study. The final element consisted of a practice interview with a "live" respondent while being monitored by project staff. These practice interviews were also used to generate respondents on whom the in-home interview protocol was pretested.

Initial training included five day interviewers, two day supervisors/monitors, and 21 night interviewers with three night supervisors/monitors, to maintain the full shift for each day of the week.

The respective production coordinators were also present at this training. An additional 10 interviewers were trained for the second two weeks of interviewing.

Interviewing Schedule and Staff Requirements

CRS completed the 986 telephone interviews over a period of approximately four weeks. For the first two weeks, CRS used 15 night interviewers, three day interviewers, one day supervisor and two evening/weekend supervisors. After two weeks of interviewing, 10 additional interviewers were trained, so that approximately 20 interviewers worked each evening and weekend. The number of day interviewers remained constant.

The main scheduling concern was the short period of time, primarily the early evening hours, when most of the parents could be reached. Since most of our sample respondents were employed, few calls were completed during the day. Productive interviewing was limited to about 7:00 PM to 9:00 PM and weekends. Day interviewing was conducted with parents at home (nonworking) and with follow-ups who left an office telephone number.

During weeks 1-3, 15 interviewers per day were utilized to yield 45 completed interviews per day. Nonresponse follow-up was conducted during week four, as well as the remaining 55 interviews, utilizing five interviewers. The interviewing schedule also took into account school closing dates so that all interviews were completed before schools closed for the summer. The interviews in Minnesota were conducted before the interviews in Virginia since Minnesota schools closed earlier. Families in rural areas were contacted before those in urban areas for the same reason. The average interview length was 29 minutes. An average of 1.7 calls was required to complete each interview.

Interviewing Procedures

Following is a summary of the procedures that interviewers were instructed to follow in conducting the telephone interview:

1. Dial telephone number to determine if household; if not, terminate.

2. Determine eligibility: (a) Stage I - Does this household have children 5 to 14 years of age? If not, terminate; (b) Stage II - For 75% of sample, screen to determine if parent or parents are working. If not, terminate.

3. Once eligibility is determined, interviewer does family listing. When more than four children 5 to 14 years of age, to limit the amount of programming space, the CRT randomly selects four for the core part of the survey.

4. Determine if family is eligible for any of the four branches; i.e., lost subsidy, self-care, complex care, employer-assisted. (a) If "no" go to demographics and complete interview; (b) If "yes," complete the appropriate branch(es) (up to an average interview length of 25 minutes), obtain demographics and finish interview.

The initial interviewing by each interviewer was monitored by the telephone supervisory staff. When an acceptable level of performance was obtained, interviews were monitored randomly during each subsequent shift. Any rebriefing that occurred was led by the supervisors.

Editing, Coding, and Data Cleaning

Each day, "verbatim" responses were reviewed by coding analysts; when a frequently repeated pattern was noted, a new code was assigned by the coding staff and integrated into the existing program. After a new code was added, similar subsequent responses were handled routinely, as with any precoded response. To ensure accuracy and uniformity in coding the miscellaneous responses, each analyst's first pack of coded responses was completely checked by the coding supervisor. A random check of 10 percent of remaining work was made thereafter.

Through the use of the on-line computerized versions of questionnaires for the major portion of the data collection, no keypunching or other separate data entry procedures were required for tabulations. The interview records were developed in clean computer-edited 80-column layout computer tape form simultaneously with the actual administration of the telephone questioning.

The machine-readable records were checked for data inconsistencies, including edits for:

- missing records;

- presence or absence of expected, contingent data (e.g., skip patterns);
- ineligible codes; and
- numeric limits to quarterly type answers.

The validation listing that presented missing records, ineligible codes, improper skip patterns, and number of limits exceeded was then used to correct any discrepancies. Questionnaires were retrieved to review the nature of the discrepancy. Missing records were keyed and merged into the data file; ineligible codes and improper skip pattern discrepancies were corrected; and numeric quantities exceeding set limits were referred to the project director for proper action. Following this "cleaning" by the computer, a data tape (in a fixed block, variable record length format) was sent to Applied Management Sciences.

Data Processing

Two commonly used statistical packages constituted the software for this study. These were the Statistical Package for the Social Sciences (SPSS) and the Statistical Analysis System (SAS). Either one of these packages by itself would have sufficed to conduct all the analysis required by the study. However, each has its advantages and their use in combination was more effective.

SPSS was particularly appropriate for this study because of its multiple response option. Unlike SAS, SPSS permits automatic tabulation and cross-tabulation of items calling for multiple responses, such as "check all that apply" or different responses for each day of the week. SAS could also have handled these responses, but it would have required extensive programming to do so. SAS, on the other hand, provided more flexibility in data manipulation and subfile creation. Among other features, SAS was particularly appropriate for the production of logic checks, as it reports inconsistent data in a most efficient manner.

Pre-Analytic and Analytic Activities

Before conducting the actual analysis, a number of pre-analytic activities were performed. The major pre-analytic activities consisted of:

- definitions of new variables
- examination of biases
- derivation of weights
- estimation of variances for selected variables.

Each of these is discussed in the subsequent section.

Definitions of New Variables

A preliminary examination of usage of the various day care modes during weekdays was conducted to determine optimal ways of combining modes of care into categories. Modes of care were then collapsed into ten dichotomous variables. A person was said to be a regular user if she or he used the mode of care for five periods a week out of 10 possible morning or afternoon periods. Other variable categories, particularly for working status, income categories and cost categories, were collapsed after examining the range and distribution of values.

Examination of Biases

In a telephone survey using random digit dialing, one of the most important sources of error is sampling bias. Sampling bias could be produced by any of the factors listed below:

1. exclusion of potential members of the sample who do not have telephones;
2. exclusion of potential members of the sample who refuse cooperation;
3. exclusion of potential members of the sample who are not home during calling times;
4. overinclusion of households with more than one telephone number;and/or
5. overinclusion of households with a single number that can be reached by dialing two or more different numbers.

The first two biases cannot be estimated adequately. The relatively low number of Blacks and other minority groups in the sample matches the demographics characteristics of the states under study. Because there is an interaction between the presence of telephones and demographic characteristics in describing day care usage, results were not adjusted to correspond to census characteristics.

The third bias was investigated by examining the association between two key variables (presence of self-care arrangement and out-of-the-home care) and number of calls it took to reach the respondent. Members of the sample who were not at home for the earlier calls were more likely to be using care outside the home than those reached on earlier calls. This suggests a bias that tends to underestimate the percentage of households using outside care. However, the length of the interviewing period and the callback procedures tended to minimize this source of bias. An examination of key variables also indicated that bias is not likely to have resulted from the presence of more than one telephone.

Some nonworking numbers are arranged so that dialing the number results in contacting another number. However, reaching a wrong number was not significantly related to either key variable, thus no significant bias is likely.

In summary, there are possible biases which could affect the survey results but the extent of these biases cannot be fully established. The major source of uncontrolled bias appears to be exclusion of households without telephones and refusals. However, all telephone surveys are characterized by these sources of bias.

Derivation of Weights

Weights for each household were computed by assigning each case a weight inversely proportional to its probability of selection. Thus if one household was twice as likely as another to be selected in the sample, it would have half the weight. Three factors were used in deriving the weights:

- state;

- metropolitan or nonmetropolitan location; and
- response to the question on whether all adults were employed.

Weights were adjusted to achieve an equal sum of weights for the two states. Sampling and exclusion of families in which one adult did not work was accomplished separately for metropolitan and nonmetropolitan areas in each state. For unknown reasons, partially attributed to an unknown degree of unreliability when a question is asked immediately after establishing contact, the expected percentages of negative responses to the question "do both you and your spouse work outside the home?" was lower for Virginia nonmetropolitan areas than had been expected.

In addition, weights were added to children selected from households in which not every child in the household was included in the survey. This happened when the household had more than four children in the 5- to 14-year age range. These weights affected only variables referring to the percentage of children.

Calculation of Variance

Variances were calculated for three dichotomous variables:

- self-care five days a week for at least one child
- parents' needs met "extremely well"
- adequacy of supervision as a consideration in selecting care.

The 95 percent confidence interval was plus or minus 2.7 percent, 5.7 percent, and 5.6 percent in Minnesota for each of the three variables respectively, and plus or minus 3.1 percent, 6.9 percent, and 6.9 percent respectively for Virginia. For these variables, simple random sampling would have been preferable, except for self-care in Minnesota, where approximately the same confidence interval would have been obtained. For example, in Minnesota, 41.4 percent of households cited "supervision is adequate" as a consideration in selecting their care arrangements. One can be 95 percent certain that the actual percentage in the population is between 35.8 percent and 47.0 percent (or 41.4% plus or minus 5.6%). The number of cases that naturally occurred in some branches of the questionnaire was increased to improve precision for the affected subpopulations. Although variances for these items are larger than for the total population, they are smaller than they woud have been if simple random sampling had been used.

Data Analysis

The main analytic tool in this investigation was the development of frequency and contingency tables using weighted data. Weights were used for all items for which there were a sufficient number of respondents per state and for which the response distribution was not extremely skewed.

Multiple responses to questions concerning information sources were combined into one contingency table. Phi coefficients (i.e., correlations between dichotomous variables) were used instead of contingency tables to interpret pairwise relationships for certain multiple response items. Weighted values were used for these multiple response items, and only values over .20 were interpreted.

All tables and analytic activities were conducted separately for each state. Comparisons between states were also made on each major issue area, and, where appropriate, summary trends were reported. A summary of pre-analytic and analytic activities is shown in Exhibit 2.7.

Methodology for Personal Interview Study Component

The purposes of the personal interview study component were: (1) to obtain a variety of perspectives on school-age care alternatives and barriers to use of preferred and/or alternative mode(s); (2) to include children's viewpoints on their current and preferred care arrangements; and (3) to provide a more comprehensive description of certain special topics (such as self-care, employer assistance in day care) than would have been possible through a telephone survey alone. This section discusses the respondent groups involved in personal interviews during the study, the rationale for their inclusion, and the methods used for their identification. Data collection and interview procedures are reviewed, including approaches used with differing respondent groups. Finally, considerations underlying the analysis and reporting of interview results are discussed briefly.

EXHIBIT 2.7: SUMMARY OF PRE-ANALYTIC AND ANALYTIC ACTIVITIES

1. Collect data, including pre-categorized responses and verbatim responses.
2. Classify some of the verbatim responses into categories (done during the data collection stage).
3. Obtain population figures from Current Population Survey (CPS).
4. Determine number of households contacted in metropolitan and nonmetropolitan areas that would have qualified for inclusion except that not all adults were employed full-time.
5. Assign weight based on probability of selection.
6. Code verbatim responses not pre-classified during data collection into categories.
7. Produce unweighted frequency counts for questionnaire items.
8. Collapse and combine variable categories.
9. Operationally define major day care modes.
10. Determine major substantive variables related to presence of two phones, number of calls made, and incorrect telephone numbers. Estimate possible amount of bias.
11. Produce number and proportion of households giving each response, and number and proportion of children affected by each response, using weights. Report variance estimates for key variables. Report values separately for each state.
12. Conduct comparisons between subpopulations, and investigate the relationships between pairs of variables. Produce contingency tables where appropriate.
13. Calculate phi coefficients between multiple response sets. Interpret coefficients above .20.

Respondent Groups and Identification Procedures

Personal interviews are probably the best way to obtain in-depth information on any given subject; this is particularly true when the subject, like child care arrangements, is a sensitive topic. Furthermore, since it was desirable to include children in this study, the in-person interviewing strategy seemed most appropriate. The results of our data collection efforts indicated that parents revealed attitudes toward child care more openly in person than they did over the telephone.

This study component included personal interviews with the following groups:

- a sample of parents who responded to the telephone survey;
- the school-age children of those parents;
- providers of school-age day care services in communities where the parent/children interviews were clustered;
- state and community officials knowledgeable about school-age day care policies and practices; as well as
- focus group discussions to explore the topics of self-care and employer assistance with care.

The purpose and identification procedures for each type of interview are discussed below.

Parents of School-Age Children. Our objectives in interviewing parents of school-age children were to: (1) validate certain key information obtained in the telephone interview and, more importantly and (2) to acquire an understanding of parents' attitudes toward child care, especially self-care situations. Thirty households per state were selected for interviews. A sequence of steps as described below was involved in identifying respondents.

1. All respondents to the telephone interview were asked if they would be willing to participate in a follow-up in-home interview (see question #170, Telephone Survey Instrument in Appendix B). The 42 percent of the sample respondents who answered affirmatively were asked for a telephone number for daytime contact. During the telephone survey, a log of identifying information was kept on all respondents (respondent identification number, for subsequent linkage to the telephone survey data, and telephone number).

2. From the list of those who agreed to an in-home interview, staff grouped respondents by geographic location according to area code and exchange. We attempted to cluster the in-home interviews in several communities in each state, to be cost-effective and to have the capability to make within state comparisons of response patterns by community.

3. This list of potential interviewees was then matched with the data for those respondents from the telephone interview, to determine which families met special branch conditions (i.e., latchkey, employer-assisted care, complex care, lost subsidy). Those who met one or more conditions were given priority for interviewing.

Key data from the telephone interview for each selected household were then recorded onto a summary page of an abstracting form. (The complete abstracting forms for the parent and child interviews are appended.) This form was developed to ensure consistency across interviewers in the collection and interpretation of data and as a tool to prepare for the in-home interviews. By filling out parts of this form in advance of the interview, interviewers became familiar with the circumstances of the household and could note any apparent inconsistencies in the telephone interview data.

School-Age Children. We had several reasons for interviewing school-age children. We wanted to obtain an understanding of their attitudes toward their own child care arrangements and toward children being left without adult supervision at certain ages. It was also our objective to note differences from and similarities to their parents' expressed opinions.

Once the parents for in-home interviews were identified, selection of the children was an easy task. When scheduling the interviews, project staff asked the parents if their school-age children could also be available for interviews.

Providers of School-Age Care. The purposes of these interviews were to determine providers' perspectives on the problems/opportunities in school-age care and to verify parents' perceptions of the supply of services. Some 15-20 providers of school-age care in each state were selected in the following manner:

1. Direct referrals from parents or state/local officials interviewed was the desired method, but few of these were given.

2. where feasible, yellow pages were used to identify centers, information and referral services, etc.

3. Referrals to other types of care providers (e.g., family day care) were sought from the identified providers and community service agencies.

The chief selection criteria were location in a community in which parents were interviewed and variety in types of care offered (i.e., center, family, public school, community, etc.). In-person and telephone interviews were conducted with these providers. In addition to time constraints, a primary reason for the predominance of telephone interviews was that we were not seeking attitudinal information, as with the parent and child interviews, but rather verification of parents' perceptions of the supply of services and other more objective data.

State and Community Officials. To understand the context within which school-age care services are provided, we conducted interviews with state and local officials who were knowledgeable of policies and practices on this subject. This included state legislators, and state and local directors and staff of agencies involved in research, licensing and/or funding for school-age day care. These officials were identified through referral and through project staff's knowledge of state-level organization of day care services. To obtain interviews, letters were sent in advance describing the purpose of the study and general methodology. When requested, a copy of the telephone survey instrument was also forwarded.

Focus Group Discussions. Several groups of parents were convened for focused discussions on one of two issues--self/sibling care or employer-assisted day care. Particularly for the self/sibling issue, we expected parents to be more willing to share views in a group than singly. This proved not always the case, especially when a parent with a defensive attitude set the tone for the discussion. With skillful moderators, however, this problem can be anticipated and generally overcome. Parents were sent letters explaining the study and requesting participation in a meeting. Travel expenses were reimbursed and refreshments were provided at the meeting. (In some studies, cash stipends are also offered to participants.)

A variety of methods can be used to identify participants. For our study, we used two sources to identify parents of children caring for themselves--a local director of a program teaching survival skills to such children, and responses to the telephone interview. Employers offering assistance to parents for school-age child care were identified by researchers on other day care studies, by a U.S. Department of Labor directory, and by state officials. Other potential sources of information could include public and private schools, community or statewide social service agencies, information and referral centers, and licensing agencies.

Data Collection Procedures

The approach to data collection for this study component was characterized by the use of senior researchers, informal interview protocols, and two-person teams. To build upon knowledge gained from previous interviews and to ensure consistency in reporting of findings, one field team was assigned to each state for all data collection activities.

Protocols (interview guides) were developed for each respondent group (see Appendix A). The interview guides for the in-home interviews were pretested by each member of the field team, approximately one month before full-scale data collection. As a result, several changes were made to these protocols before initiating the in-home interviews.

Each team spent about three weeks in its assigned state conducting interviews. An average of two parent interviews a day (three per day on weekends) were conducted during this time. Virtually all the in-home interviews were scheduled for late afternoons and early evenings because the great majority of respondents were two-parent or single-parent working households.

In-home Interview Procedures. Once those eligible for interviews were determined, Applied Management Sciences' field researchers contacted the family by telephone to establish a convenient time for the interviews, get directions, and explain that we were also requesting to interview their school-age children. At the family's home, both interviewers met with the parent(s), one asking questions, one taking notes. Children were interviewed separately from their parents whenever possible.

Focus Group Discussion Procedures. In both states, and for both self-care and employer-assisted care groups, we worked through existing organizations to identify and recruit participants. Transportation and child care reimbursement were offered to participants.

Each meeting was conducted by one of the two staff members of the team responsible for that state. The remaining member was responsible for taking notes, operating the tape recorder, and participating in the discussions as appropriate. Meetings were scheduled to last for about one hour. The questions contained in the in-home interview protocols concerning the self-care and employer-assisted care issues were used to guide these discussions. Brief demographic information was collected at the start of each meeting to obtain relevant background information on each participant (race, sex, age, number of children, etc.).

State Official Interview Procedures. State officials were interviewed in person by both members of the research team. Procedures similar to those used for the in-home interviews were used: one individual took the lead for the interview; the other took notes. When feasible, the discussion was taped. Typically the interviews lasted for about one hour.

Day Care Provider Interview Procedures. Most day care provider interviews were conducted by telephone; where these contacts were unsuccessful or where they indicated a potentially useful follow-up, in-person interviews were conducted. In-person interviews took less than one hour to complete, telephone interviews about 15 minutes.

Analysis and Reporting of Results

The purpose of the in-person interview study component was to gather both descriptive and factual information that would provide an appropriate context for interpretation of the telephone survey data. Certain factual information obtained from state officials and from some school-age day care providers was useful in understanding the type and extent of services/opportunities open to parents seeking care for their school-age children (e.g., state policies on after-school school-based programs, Title XX eligibility criteria, ways in which providers advertise their services, etc.). For the most part, information collected through the in-home interviews was used for anecdotal reporting and for offering alternative potential explanations of certain findings from the survey data.

Another analysis objective for this study component was to compare attitudes toward school-age child care across the several communities in which interviews were clustered. Having obtained information on demographic characteristics of these communities, we were interested to assess the extent to which parental perceptions on supply of adequate services, important factors in choice of care, and attitudes toward the self-care phenomenon differed by the type of community.

The abstracting forms, completed for each in-home interview, were useful for sorting respondent data according to themes in the final report. For example, by glancing at the abstracting forms, project staff could readily determine whether the respondent belonged to a latchkey, complex care, lost subsidy, or employer-assisted household. Other categorizations were made based on responses to questions about satisfaction with current care arrangements, how parents find and select care, and consequences of certain child care arrangements.

Tape recordings and notes were used to provide the actual descriptive and factual information. The data from the telephone survey were processed and analyzed. Then certain conclusions from that analysis guided the analysis of the in-person interview information--namely, significant findings and findings that were not readily interpretable.

Limitations and Strengths of the Study

Combining a telephone survey with an in-home follow-up of a smaller sample limits the number and types of questions for which state estimates can be obtained. The small sample size for personal interviews limited their generalizability.

Limitations were also imposed by the sensitivity of certain questions. Parents may be unwilling to admit, even under conditions of guaranteed anonymity, that they engage in any practice that could be even remotely associated with negligence. Even though interviewers were explicitly instructed to avoid any overt judgments (and this was an important aspect of their training), survey experience indicates that repondents always tend to want to present themselves in a favorable light. The degree to which an item is likely to be affected by either the desire for privacy or the desire to present one's self in a favorable light is related to the sensitivity of the item and to the degree to which the information is likely to be known by others. Information regarding age of children or sources of information used is not likely to be as sensitive or potentially distorted as that concerning problems with day care arrangements, or even the nature of the arrangements themselves (e.g., when self-care situations are involved). Assuring our respondents anonymity resulted in identification of a fairly large number of self-care situations.

The major strength of this type of study lies in its adaptability for multiple purposes and audiences. The complex survey questionnaire is arranged in sections or branches, any one of which can be deleted, if the topic addressed is peripheral to policymakers. Furthermore, the CATI capability made the administration of such an instrument feasible. The in-person interviews provide a basis for obtaining rich detail on and insights into issues that would not otherwise be possible. Using both the qualitative and survey components, the research acquires the advantages of generalizability to the state level and framing findings within a context of policy considerations and consumer concerns.

The remaining chapters contain the results of the telephone survey and in-person interviews. Although the primary analysis unit was households, the terms "families" and "parents" are often used interchangeably with households. Because approximately 98 percent of the respondents to the telephone survey were parents of the school-age children who were the subject of the interview, this practice is supported by the data. Results of the telephone survey are reported as weighted data unless otherwise noted.

Preface to Findings Chapters

The next chapters of this report present the findings of our survey. We sought to answer questions about what type of care arrangements school-age children have outside of school hours, how satisfactory the arrangements are, what preferences parents and children have, how accessible/available those preferences (and other arrangements) are, how parents find and select those arrangements, and what impact certain types of arrangements have on the lives of children and parents. We also sought answers to these and similar questions from "special" populations of interest--families with children who care for themselves, families who have complex care arrangements, and families who have lost subsidies that provided support for school-age child care.

To answer these questions, to find out how millions of school-age children are cared for (and how well), we talked to parents over the phone, we visited families, including the children, we phoned and visited providers, state officials, and others involved in the school-age child care picture.

Two child care classification systems were used in the analysis of the data. One used 17 categories, the other collapsed several of these, resulting in a total of 10 categories. The 17-category system, based upon disaggregated response codes, included the following classifications:

- Parent (one or both parents provided care);
- Older Sibling (child over 14 cared for younger children);

- Self-Care (child was responsible for him/herself);
- Self and Sibling 14 or under;
- Relative In-Home (care in child's home);
- Nonrelative In-Home (care in child's home);
- Relative's Home;
- Nonrelative's Home (i.e., family day care home);
- Preschool Center;
- School-Age Center;
- Combination Center (preschool and school-age);
- Public School Program;
- Private School Program;
- Community Recreation Program;
- Other Activities;
- Care at (Parent's Place of) Work; and
- Other Outside Home Care.

To simplify presentation, several less frequently utilized modes were collapsed to obtain the following 10-category system:

- Parent;
- Self or Sibling (under 15);
- Relative In-Home (child's home, and now includes sibling over 14);
- Non-Relative In-Home (child's home);
- Relative's Home;
- Non-Relative's Home;
- Center Care (any type);
- School Program (public or private);
- Activities (including Community Recreation); and
- Other Outside Home (including work place).

The reader will note that we have included parents in our child care classification scheme. This is a departure from other similar research which typically defines child care as arrangements that substitute for parents caring for their own children. However, since this study was designed to describe what families do all week with their school-age children, including those times when parents are home with their children, we documented those time periods when parents took care of their children as well as the other types of care arrangements they used when a parent was not available for care.

The original data for the child care categories came from a section of the telephone interview where the care for each school-age child outside of school hours was described. Interviewers were directed to code the two most prominent (in terms of time) modes of care used both before and after school for each weekday. A total of 10 time slots were coded (before school five days a week and after school five days a week). The data collection procedures used in this study did not allow us to determine directly the amount of time each mode of care was used. After conducting the in-home interviews with parents and children, we learned that our phone data did not reveal the true extent of such care. During the in-home interviews parents again described their usage patterns, and frequently these descriptions contained two or more modes of care when only one had been reported in the phone interview. The typical case was a child (or children) who came home to an empty house, was there alone for a brief period (usually less than an hour), and then had a parent arrive home. This was sometimes coded as only self-care during the phone interview, implying that the child used this mode for the entire afternoon. The extent of this error is not known, since only 30 families in each state received in-home interviews. The direction of the bias is to overestimate the extent of self-care, but not the frequency of occurrence. Since our report deals primarily with frequency of occurrence, this is not a major concern. The other bias introduced by these interviewer errors was to underestimate the extent and the frequency of parent care. Thus the data we report regarding parent care should be viewed as conservative estimates. Note also that parents may have been reluctant to report self-care periods; how much this affected the data is indeterminant. Finally, types of care during evenings, weekends, holidays, and sickness were also covered during the telephone interview.

Data from Virginia are given first in this report, followed by corresponding findings from Minnesota in the second half of each chapter and then a summary section addressing both states.

3

SCHOOL-AGE CHILD CARE USAGE

Information on parents' usage of various care arrangements is first presented for two different types of families: ones where both parents or a single parent works full-time, and families where at least one parent does not work full-time. The 10-category system is used with this presentation. After discussing these findings, data for all combined households are given; first using the 17-category system and then using the 10-category system.

In summary, all out-of-school times were of interest in this study; mornings before school, afternoons, evenings, weekends, and summers were covered in detail. We sought a description of how families typically care for their children, of what types of child care--including parent care--were used and when. We also examined the regularity (number of times per week) of these care arrangements and the demographic characteristics of users of particular types of child care.

VIRGINIA: CHILD CARE USAGE PATTERNS

Child Care Usage of Full-Time Employed Parents

The employment status of Virginia parents was associated with the type of child care used by those families. Where both parents or a single parent worked full-time, there was a much greater tendency to use child care arrangements other than parent care (e.g., family day care home, relatives, etc.). Families where a parent did not work full-time relied to a much greater extent upon that parent as the primary source of care. Because of this difference in child care usage, a special analysis was conducted to examine the patterns of child care used for school-age children by full-time working parents in Virginia. Exhibit 3.1 shows the types of child care arrangements used by full-time working parents as contrasted with nonfull-time working parents for different time periods.

Before school, 96 percent of the families without a full-time working adult took care of their children every morning of the week. In contrast, only 67 percent of the families with full-time working adults were caring for their children on a regular basis before school. After school, the incidence of parent care declined in both types of familes, but full-time working households had a much lower percentage of parent care (31% cared for their children every afternoon) and higher percentage of nonparent care (62% used some form of child care other than the parent five afternoons a week) than did families without full-time working parents (70% of whom used parent care, 21% used non-parent care five afternoons a week).

One of the most striking patterns to emerge from these data is the higher occurrence of self- or sibling care by children whose parents work full-time. Only 1 percent of the families without a full-time working adult reporterd that their school-age children cared for themselves in the mornings, and only 2 percent in the afternoons. In contrast, 16 percent of the families with full-time working adults had children who cared for themselves in the mornings before school and 23 percent of these families indicated self- or sibling care in the afternoons.

In addition, full-time working parents in Virginia used care by a relative (in child's home, 15%; in relative's home, 10%) and family day care homes (12%) to a greater extent in the afternoons than did families where an adult did not work full-time (5%, 2%, and 5%, respectively).

These data point out the degree to which child care other than by a parent is used by families with full-time working parents. Overall, 69 percent of full-time working households used nonparent care at least five times a week during the weekdays (mornings and afternoons). An additional 9 percent of these families used some form of nonparent care on an occasional basis (less than five times a week) during the

EXHIBIT 3.1: SHOOL-AGE CARE ARRANGEMENTS OF HOUSEHOLDS BY ADULT EMPLOYMENT STATUS: VIRGINIA

	Parents Not Working Full-time (Percent of Row)			Full-time Working (Percent of Row)			All Households (Percent of Row)		
	Not Used	Less than 5 times	5 times	Not Used	Less than 5 times	5 times	Not Used	Less than 5 times	5 times
AM									
Parent	4	-	96	30	2	67	14	1	85
Nonparent Care	96	-	4	67	3	30	85	1	14
Relative In-Home	98	-	2	92	-	8	96	-	4
Nonrelative In-Home	100	-	-	98	-	2	99	-	1
Self/Sibling Care	99	-	1	85	3	13	94	1	5
At Relative's Home	99	-	1	96	-	4	98	-	2
At Nonrelative's Home	100	-	-	95	-	5	98	-	2
Center	100	-	-	99	-	1	100	-	-
School-Based Program	100	-	-	100	-	-	100	-	-
Other Activities	100	-	-	100	-	-	100	-	-
Other	100	-	-	100	-	-	100	-	-
PM									
Parent	18	12	70	61	8	31	35	10	55
Nonparent Care	62	17	21	29	9	62	49	14	36
Relative In-Home	95	-	5	85	3	12	91	1	8
Nonrelative In-Home	99	1	-	97	-	3	98	-	1
Self/Sibling Care	98	1	1	76	3	20	90	2	9
At Relative's Home	98	-	2	90	3	7	95	1	4
At Nonrelative's Home	96	2	3	88	2	10	93	2	5
Center	100	-	-	97	1	3	99	-	1
School-Based Program	85	13	3	87	9	4	86	11	3
Other Activities	84	10	6	91	7	2	86	9	4
Other	97	3	-	99	-	1	98	2	-
Weekday									
Parent	3	1	96	23	2	75	11	1	88
Nonparent Care	62	16	21	22	9	69	47	14	40
Relative In-Home	95	-	5	82	1	16	90	1	9
Nonrelative In-Home	99	1	-	96	-	4	98	-	2
Self/Sibling Care	98	-	2	69	6	25	87	3	11
At Relative's Home	97	-	3	88	2	10	94	1	5
At Nonrelative's Home	96	2	3	86	2	12	92	2	6
Center	100	-	-	97	1	3	99	-	1
School-Based Program	85	13	3	87	9	4	86	11	3
Other Activities	84	10	6	91	7	2	86	9	4
Other	97	3	-	99	-	1	98	2	-

1/Households which used different care arrangements for their children appear in this table more than once.

weekdays. In contrast, only 21 percent of the households without a full-time working parent used any type of nonparent care five times or more during weekdays, and an additional 16 percent reported use of nonparent care on an occasional basis.

When these two types of households--full-time working/not full-time working--are combined, care by parents appears to be the only major form of child care arrangement being used. In fact, however, where parents are employed full-time many other forms of child care are used, and are used on a fairly frequent and regular basis. This should be remembered when interpreting the remainder of the findings, as usage data are reported in the remainder of this report only for combined households. This is because the study was designed to describe child care for school-age children of families in general, not just those where parents are full-time workers. Thus a complete picture of how families across Virginia are caring for their school-age children can be given.

Child Care Usage for All Families

Virginia families rely primarily upon parents to provide care for school-age children outside of school hours. Mornings in particular are dominated by parent care. Older school-age children often care for themselves on weekday afternoons and sometimes for younger siblings as well. Exhibit 3.2 presents the percentage of households in Virginia that use various types of care for school-age children either before or after school. These data represent any occurrence of a particular care during those weekday periods.

Most families (91%) cared for their own children at least once during the week. Public school-based programs and children in self-care are tied for a distant second, with about 12 percent each. No other mode is used by more than 8 percent of the Virginia families with school-age children. Center care of any type, care in the work place, and "other outside of home care" were used very infrequently.

When interpreting this information, the reader should remember that most families use more than one mode of care. This table is an introduction to the variety of care used or not used, not of the

EXHIBIT 3.2: HOUSEHOLD USE (WEEKDAYS) OF SCHOOL-AGE CARE ARRANGEMENTS: VIRGINIA

Type of Child Care 1/	Percentage of Households Using 2/
Parent Care	91
Public School-Based Program	12
Self-Care	12
Other Activities	7
Care in Non-Relative's Home	8
Community Recreation Programs	7
Sibling Care (under age 15)	3
Private School-Based Programs	3
Sibling Care (over age 15)	3
Non-Relative in Child's Home	2
Care in Relative's Home	6
Relative Care in Child's Home	7

1/ School-age center, preschool center, combined preschool and school-age center, care for child at place of work, and other outside of child's home care had 1% or fewer responding.

2/ Because families use multiple modes of care, percentages do not total 100.

This table should be interpreted as follows: 91% of the Virginia families with school-age children use parent care either before or after school at least once on schooldays (i.e., during the week).

frequency of use. Subsequent analyses will examine frequency. Note also that parts of Northern Virginia have a fairly extensive program of before and after school care in the schools--which accounts in part for the significant use of this type of care. However, the proportion of school-based care users also includes some households that were placed in this category rather than being coded more appropriately in an after-school activity program (e.g., sports, clubs, etc.).

When self-care is defined to include sibling care (under age 15), the category then adds another 3 percent to the proportion of families with children under age 15 taking care of themselves.

Before School Care

Exhibit 3.3 presents the percentage of families who used various types of care in the mornings before school. The frequency of occurrence is also presented. Since families typically used any given category regularly or never in the mornings, occurrences of one to four times are collapsed into a single category.

The two major points evidenced by these data are the dominance of parent care during this period and the absence of structured or paid-for types of arrangements; 85 percent of the families use parent care every morning. This would be as expected, since parents would always be at home in the mornings for some period of time. Those families that indicated an absence of parent care in the mornings (13%) generally reflect cases where the parent(s) leave for work before the child gets up and/or where someone else (the child, an older sibling) is responsible for the child. Five percent of the Virginia families with school-age children regularly leave their children without adult supervision. Other in-home care, either in child's home or caregiver's home, accounts for the remainder of the care arrangements before school in the mornings.

Parents did not express major concern about this time period during the personal interviews. If children were alone, it was for a short time, they had plenty to do to get ready for school, thus they had little time to get into trouble or danger. Most parents were able to stay until the children left for school, or they could drop the children

EXHIBIT 3.3: BEFORE SCHOOL CARE ARRANGEMENTS (HOUSEHOLD): VIRGINIA

Type of Care Arrangement	Percentage of Total Number of Times Mode Occurs: 1-4 days/week	Percentage of Total Number of Times Mode Occurs: 5 days/week	Percent of Row: No Occurrence: 0 days/week	Percent of Row: Any Occurrence: 1 or more days/week
Parent	2	85	13	87
Older Sibling (15+)	--	1	99	1
Self-Care	1	5	94	6
Self/Sibling Care (-15)	--	1	99	1
Relative In-Home	--	3	97	3
Nonrelative In-Home	--	1	99	1
Relative's Home	--	2	98	2
Nonrelative's Home	--	2	98	2
Preschool Center	--	--	100	--
Public School Program	--	--	100	--
Private School Program	--	--	100	--
Community Recreation Program	--	--	100	--
Other Activities	--	--	100	--
Care at Work	--	--	100	--
Other Outside Home	--	--	100	--

This table should be interpreted as follows: Of the Virginia families with school-age children, 2% use parent care arrangements one to four days per week before school, 85% of such families use it every day before school, and 13% of such families report they never use parent care arrangements before school. Thus 87% use it at least once before school.

at a bus stop, at school itself, or at a friend's home. A few parents felt they needed to be around to make sure their children did not skip school.

After School Care

As can be seen in Exhibit 3.4, use of nonparent care arrangements increases after school. Unlike the morning hours, the work day and the school day do not overlap in the afternoon, so working parents are not as available to care for their own children. Parent care is still predominant, however, with 70 percent of households using it at some point and 58 percent using it regularly. These percentages reflect, in part, situations where other child care is used for part of the afternoon and then the parent takes care of the child the remainder of the time period. About 12 percent of the households use a public school-based program in the afternoons, and they usually use it once or twice a week. Only 3 percent of the households use such programs daily. Another 9 percent of the households have children who care for themselves, often on a regular basis (7%). A variety of other modes of care are used to some extent (1% to 7% of families), while centers and care at work are generally not used. Community recreation programs and "other activities" are used sporadically (once or twice a week) more than daily.

Care During Other Time Periods

During the telephone survey, parents were asked if their work situation required them to have special child care arrangements during other time periods, such as evenings, weekends, holidays, and when their child was sick. Exhibit 3.5 shows the types of care arrangements used during these time periods for those parents who responded "yes."

Only 15 percent of the families in the state needed or used special care arrangements during these periods (19% for illness). Parent care again was the predominant mode, especially during child illness, followed by other types of in-home (child's or caregiver's) care.

Regular Child Care Usage

As part of the focus for this aspect of the survey, we tried to identify what families usually use for care arrangements, what they do on

EXHIBIT 3.4: AFTER SCHOOL CARE ARRANGEMENTS (HOUSEHOLD): VIRGINIA[1]

	Percentage of Total					Percentage of Row	
	Number of Times Mode Occurs/Wk						
Type of Care Arrangement	1	2	3	4	5	No Occurrence	Any Occurrence
Parent	3	1	3	4	58	30	70
Older Sibling (15+)					2	97	3
Self-Care			1		7	91	9
Relative In-Home					5	94	6
Non-relative In-Home					1	98	2
Relative's Home				1	4	95	5
Non-Relative's Home	2				5	93	7
Preschool Center						100	
School-Age Center						100	
Combination Center						99	1
Public School Program	5	4			3	88	12
Private School Program	2				1	97	3
Community Recreation Program	1	4			3	93	7
Other Activities	3	2	1		2	93	7
Care at Work				1		99	
Other Outside Home	1					99	1

[1] Percentages less than 1 not shown.

This table should be interpreted as follows: 3% of Virginia families with school-age children use parent care arrangements once a week after school, 1% do so twice a week, 3% do so three times a week, 4% do so four times a week, and 58% do so every day. Thirty percent never use parent arrangements at these times; 70% use such arrangements at least once a week.

EXHIBIT 3.5: CARE ARRANGEMENTS USED DURING SPECIAL TIME PERIODS (HOUSEHOLD): VIRGINIA

	Any Occurrence of Usage			
	Percentage of Total Responding for Each Time Period			
Types of Care Arrangement	Evening Care 1/	Weekend Care 2/	Holiday Care 3/	Care When Child is Sick 4/
Parent	66	45	50	79
Older Sibling (15+)	-	2	2	2
Self-Care	1	-	2	4
Self/Sibling (-15)	8	2	1	-
Relative In-Home	4	15	6	9
NonRelative In-Home	7	10	11	2
Relative's Home	6	22	21	10
NonRelative's Home	5	20	18	1
Preschool Center	-	-	-	-
School-Age Center	-	1	1	-
Combination Center	-	-	-	-
Public School Program	6	-	-	-
Private School Program	7	1	1	-
Community Recreation Program	8	1	-	-
Other Activities	8	-	-	-
Care at Work	1	1	1	-
Other Outside Home	-	1	1	-

1/ 14% of state sample responding (15% of weighted households in Virginia).

2/ 20% of state sample responding (15% of weighted households in Virginia).

3/ 20% of state sample responding (15% of weighted households in Virginia).

4/ 25% of state sample responding (19% of weighted households in Virginia).

This table should be interpreted as follows: 66% of Virginia families with school-age children who require specific arrangements during these time periods use parent care on weekends, 50% use it on holidays, and 79% use it when their children are sick. Thus the first entry means 66% of the 15% of Virginia families who have special evening needs use parent care.

a regular basis, rather than on an occasional basis. To help identify meaningful patterns among the various care arrangements, the 17 modes of care were collapsed into 10 major categories of care arrangements, making analysis and interpretation of results more manageable. In addition, we created the analytical construct of "regular user." This was defined as use of a particular arrangement by a single child five or more times during the weekdays (before school and after school). Some families had children who were regular users of more than one type of care. This section presents the overall care arrangements of regular users; subsequent sections address demographic characteristics of regular users of various care arrangements.

Exhibit 3.6 displays the basic usage patterns of regular users of various care arrangements. When the modes are collapsed and only regular use is noted, several variations in overall usage patterns emerge. Parent care is still the most widely used arrangement (88%). This reflects the high occurrence of parent care in the morning hours and the aggregation of households where a parent does not work (and therefore is home to care for the child) with those families where the parents work full-time. Self- or sibling care on a regular basis, however, is now the second most common arrangement. Approximately 11 percent of the families leave their children under age 15 alone for some period of time on a regular basis during the weekdays. The in-home interviews indicated, however, that some parents who use arrangements other than self-care or parent care on a regular basis also occasionally used self-care. Parents said they were more likely to try self-care gradually. That is, leave a child for a short period of time occasionally, and work up to longer and more frequent use of this practice. Arrangements with a relative in the child's home, including siblings age 15 and over, were close behind with 9 percent of the families using this type of care. Care in another home, either relative (5%) or non-relative (6%) was also relatively popular.

Patterns of Child Care

Regular use of the various types of care arrangements was analyzed in relation to other key variables. Care patterns were examined with regard to demographic characteristics such as ethnicity, income, work

EXHIBIT 3.6: PERCENTAGE OF HOUSEHOLDS WHICH ARE REGULAR WEEKDAY USERS OF CARE ARRANGEMENTS EITHER BEFORE OR AFTER SCHOOL: VIRGINIA

Type of Care Arrangement	Percent of Households 1/
Parent Care	88
Self/Sibling Care (under age 15)	11
Relative in Child's Home (including siblings age 15 and over)	9
Relative's Home	5
Care in Non-Relative's home	6
Activities	4
School-Based Programs	3
Non-Relative in Child's Home	2
Child Care Center	1
Other	--

1/ Because families use multiple modes of care, percentages total more than 100.

This table should be interpreted as follows: 88% of Virginia families regularly use parent care arrangements either before or after school. Regular means daily use for at least one child in the household during the week.

status, and location (urbanicity). We also explored factors such as cost of care, age of the child, and combinations of care arrangements used. This section of the report presents our findings for these and other variables analyzed for Virginia families.

Combinations of Child Care

Seventy-two percent of the Virginia families reported that they used only one type of care arrangement regularly (mostly parent care). Two modes of care were used regularly by 26 percent of the families and only 2 percent of the families reported regular use of three modes of care. (See Exhibit 3.7.) When families used two modes of care regularly during the weekdays, they tended to combine parent arrangements with self- or sibling care (7%), or relative in-home care (6%), more than other modes. (See Exhibit 3.8.)

Age of Child

Exhibit 3.9 depicts the care arrangements according to three age groupings: 5 to 8, 9 to 11, and 12 to 14. The most significant developmental trend is for self- or sibling care. Only 3 percent of the youngest group of children care for themselves regularly, compared to 7 percent of the middle group (ages 9 to 11) and 22 percent of the oldest children. The opposite trend is true for usage of family day care homes (nonrelative's home). Only 2 percent of the oldest children and 4 percent of the 9- to 11-year-olds use this mode, but 9 percent of the youngest children use this type of care regularly. The only other noteworthy trend is for school-based programs; 1 percent of the two youngest groups use this care, compared to 5 percent of the oldest group.

Urbanicity

The relationship between regular use of a particular mode of care and the location of the household (urban, suburban, town, rural) is shown in Exhibit 3.10. Several interesting patterns emerge.

Relative in-home care is used by 18 percent of the rural families, but by no more than 7 percent of the families in other areas. Households in cities and suburbs use more self/sibling care than those in towns

EXHIBIT 3.7: PERCENTAGE OF HOUSEHOLDS USING ONE OR MORE CHILD CARE ARRANGEMENTS REGULARLY: VIRGINIA

Number of Care Arrangements Used	Percentage of Households
One	72
Two	26
Three	2
Total	100

This table should be interpreted as follows: Of all Virginia families with school-age children who use an identical arrangement every day during the week (for at least one care arrangement), 72% used only one arangement regularly.

EXHIBIT 3.8: TYPES OF MULTIPLE CARE ARRANGEMENTS USED REGULARLY BY HOUSEHOLDS: VIRGINIA

	Mode of Care									
Care Arrangement	Parent Care	Relative In-Home	Non-Relative In-Home	Self/Sibling Care	At Relatives Home	At Non-Relatives Home	Center	School-Based Program	Other Activities	Other
Parent Care	100	6	1	7	3	4	1	3	4	-
Relative In-Home	55	100	3	6	7	1	-	-	2	-
Nonrelative In-home	47	16	100	15	10	16	-	-	-	-
Self/Sibling Care	55	5	2	100	2	5	-	1	2	-
At Relative's Home	55	12	3	5	100	2	-	2	-	-
At Nonrelative's Home	60	2	5	9	2	100	-	2	-	-
Center	78	-	-	-	-	-	100	-	-	-
School-Based Program	91	-	-	3	3	3	-	100	-	-
Other Activities	95	5	-	5	-	-	-	-	100	-
Other	100	-	-	-	-	-	-	-	-	100
Totals	88	9	2	11	5	5	1	3	4	-

Table entries are interpreted as follows: Examining the "totals" row, it is evident that 88% of the households in Virginia who have school-age children use parent care arrangements regularly; 6% of those 88% also use relative in home care regularly. These same families also account for the relative in home care users (9% overall) who _also_ use parent care (55% of the 9%). Any numerical differences are due simply to rounding error. The diagonal 100% represent the interaction of identical families, i.e., a perfect overlap, hence 100%.

EXHIBIT 3.9: PERCENTAGE OF CHILDREN IN DIFFERENT CARE ARRANGEMENTS BY AGE OF CHILD: VIRGINIA

Type of Care Arrangement	Percentage of Column 1/ AGE OF CHILD Age 5-8	 Age 9-11	 Age 12-14
Parent	88	90	86
Relative In-Home	10	8	9
Nonrelative In-Home	2	1	2
Self/Sibling Care	3	7	22
At Relative Home	7	3	4
At Non-Relative Home	9	4	2
Center	2	-	-
School-Based Program	1	1	5
Other Activities	4	6	4
Other	-	-	-

[1/] Percentages sum to more than 100 because multiple modes of care are used.

This table should be interpreted as follows: 88% of the 5 to 8 year olds in Virginia regularly have parent care arrangements, 90% of the 9 to 11 age have such arrangements, and 86% of the children in the 12 to 14 age range use parent arrangements regularly.

EXHIBIT 3.10: REGULAR CARE ARRANGEMENTS (HOUSEHOLD) BY LOCATION: VIRGINIA

	Location (% of Column) 1/			
Type of Care Arrangement	City 2/	Suburb 3/	Town 4/	Rural 5/
Parent	89	87	88	86
Relative In-Home	6	7	4	18
Non-Relative In-Home	2	3	1	1
Self/Sibling Care	12	15	8	7
At Relative's Home	2	2	12	11
At Non-Relative's home	8	5	5	5
Center	1	1	1	1
School-Based Program	2	7	1	1
Other Activities	9	1	3	4
Other	-	-	1	1

[1] Percentages do not sum to 100 because families use multiple care arrangements.

[2] City = population greater than 25,000.

[3] Suburb = self defined by respondent as suburb or city. In both states some suburbs are cities in themselves.

[4] Town = population of 2,500 to 25,000.

[5] Rural = population less than 2,500.

This table should be interpreted as follows: 88% of the families in Virginia who have school-age children and who live in a city use parent care arrangements regularly (i.e., five days/week).

or rural areas (12 to 15% vs. 7 to 8%), and less care at homes of relatives (2% vs. 11 to 12%). Only suburban families have a noticeable usage of school-based programs (7% vs. 1 or 2% in other areas), and only city families have much activity-based care on a regular basis (9% vs. 1 to 4% elsewhere).

Ethnicity

Usage by ethnicity is presented in Exhibits 3.11 and 3.12. The minority data are based on responses from 21 percent of the Virginia sample (16% Black, 5% other). Whites tended to have relatively higher usage of parent care and lower usage of self- or sibling care than other groups. Blacks had the highest proportion of households using relative in-home care (27%) and a relatively high usage of self- or sibling care (18%), twice the rate of White households. Other minorities had the least usage of parent care (73%) and the most self- or sibling care (22%).

The high number of Blacks using these arrangements is underscored by the fact that they account for 40 percent of the families using relative in-home care, and 22 percent of those using self/sibling care, yet they represent only 14 percent of the population. Other minorities are heavy users of self/sibling care (10% of usage, only 5% of population), while Whites are relatively less frequent users (67% of the usage vs. 81% of the population). Whites also use proportionately less relative in-home care (54% usage) than other groups. Parent care distributes proportionally by ethnicity.

Parental Employment Status

Parents were classified into one of four working status categories:

- Full-time (both parents work full-time or a single parent works full-time);
- Mixed (one parent works full-time or part-time and the other parent does not work);
- Not working (both parents not working or a single parent not working); and
- Part-time (both parents are part-time workers; one full-time, one part-time; or a single parent works part-time).

EXHIBIT 3.11: REGULAR CARE ARRANGEMENTS (HOUSEHOLD) BY ETHNICITY: VIRGINIA

	Ethnicity (% of Column) 1/		
Type of Care Arrangement	White	Black	Other Ethnic Group
Parent	90	80	73
Relative In-Home	6	27	10
Non-Relative In-Home	1	1	2
Self/Sibling Care	9	18	22
At Relative Home	6	7	-
At Non-Relative Home	5	7	4
Center	1	2	-
School-Based Program	3	4	2
Other Activities	5	2	-
Other	-	1	-

1/ Numbers do not sum to 100% because families use multiple modes of care.

This table should be interpreted as follows: 90% of Virginia white families with school-age children use parent care arrangements regularly, 80% of black families do, and 73% of other ethnic/racial groups do so.

EXHIBIT 3.12: ETHNIC BACKGROUND BY REGULAR CARE ARRANGEMENT (HOUSEHOLD): VIRGINIA

	Ethnicity (% of Row)			
Type of Care Arrangement	White	Black	Other Ethnic Group	Total
Parent	83	13	4	100
Relative In-Home	54	40	6	100
Non-Relative In-Home	90	5	5	100
Self/Sibling Care	67	22	10	100
At Relative's Home	80	18	-	100
At Non-Relative's Home	79	18	4	100
Center	75	25	-	100
School-Based Program	80	17	3	100
Other Activities	94	6	-	100
Other	37	63	-	100
Totals	81	14	5	100

This table is interpreted as follows: White families in Virginia with school-age children account for 81% of school-age families in the state (bottom row), and these families account for 83% of the parent care usage. Black families represent 14% of the households, and 13% of the usage of this parent care.

After weighting the data, the percentages of households falling into the above categories were as follows:

- full-time: 39 percent;
- mixed: 41 percent;
- not working: 6 percent; and
- part-time: 15 percent.

As Exhibit 3.13 indicates, full-time working parents, not surprisingly, tend to use less parent care on a regular basis (75%) and more self/sibling care (25%). Working parents were also frequent users of relative in-home care (16%) and care at nonrelative's home (12%). In the households in which at least one parent did not work, parent care was used more often (99% and 83%). A few of these families also had school-age children participating in school-based or other activity programs. Part-time households were heavy users of parent care only (92%). The other modes of care were used by only a small percentage of such families.

Greater use of regular, structured, or typically paid-for child care arrangements for the children of working parents can be seen in Exhibit 3.14. Of those households regularly using nonrelatives' homes, 74 percent had full-time working parents. Similarly, 100 percent of the child care center users were parents employed full-time. Self/sibling care was also common among working households: 90 percent of the families with children taking care of themselves were households in which both parents worked full-time or where a single parent worked full-time. Families with one or both parents who did not work represented only 2 percent of the regular self- or sibling care users. The remaining 9 percent of the households with school-age children taking care of themselves were families with part-time working parents.

Length of Residence

The usage by length of residence data are presented in Exhibits 3.15 and 3.16. No major trends are apparent, as the main form of care, parent, distributes proportionately with the households in each category. Those families in the same address for more than eight years

EXHIBIT 3.13: REGULAR CARE ARRANGEMENTS (HOUSEHOLD) BY PARENTS' WORKING STATUS: VIRGINIA

Type of Care Arrangement	Working Status of Parents (% of Column) 1/			
	Full-Time	Mixed	Not Working	Part-time
Parent	75	99	83	92
Relative In-Home	16	1	35	2
Non-relative In-Home	4	-	-	1
Self/sibling care	25	-	-	6
At relative home	10	1	-	9
At non-relative home	12	2	2	4
Center	3	-	-	-
School-based program	4	-	6	7
Other activities	2	6	-	8
Other	1	-	-	0

1/ Categories of working status were defined as follows; full-time--both parents work full-time or single parent works full-time; mixed--one parent works full- or part-time and the other parent does not work; not working--both parents not working or a single parent not working; part-time--both parents work part-time; one full-time, one part-time; or a single parent works part-time.

Percentages total more than 100 because families to use multiple modes of care.

These data should be interpreted as follows: Of the school-age families in Virginia who had both parents working full-time, 75% were regular (daily) users of parent care.

EXHIBIT 3.14: WORKING STATUS BY REGULAR CARE ARRANGEMENT (HOUSEHOLD): VIRGINIA

Type of Care Arrangement	Working Status of Parents (% of Row) Full-time	Mixed	Not Working	Part-time	Total
Parent	33	46	6	15	100
Relative In-Home	69	6	22	3	100
Non-Relative In-Home	86	5	-	9	100
Self/Sibling Care	90	2	-	9	100
At Relative's Home	70	6	-	24	100
At Non-Relative's Home	74	15	2	9	100
Center	100	-	-	-	100
School-Based Program	52	5	11	32	100
Other Activities	19	54	-	27	100
Other	100	-	-	-	100
Total	39	41	6	15	100

[1] Categories of working status were defined as follows; full-time--both parents work full-time or single parent works full-time; mixed--one parent works full- or part-time and the other parent does not work; not working--both parents not working or a single parent not working; part-time--both parents work part-time; one full-time, one part-time; or a single parent works part-time.

These data should be interpreted as follows: 33% of the users of parent care for school-age children in Virginia are families with two working (full-time) parents or one single head of household who works full-time.

EXHIBIT 3.15: REGULAR CARE ARRANGEMENT (HOUSEHOLD) BY LENGTH OF RESIDENCE: VIRGINIA

Type of Care Arrangement	0-1 yr.	2-4 yrs.	5-8 yrs.	More than 8 yrs.
	Length of Residence (% of Column)			
Parent	92	85	90	87
Relative In-Home	5	5	8	12
Non-Relative In-Home	2	2	2	2
Self/Sibling Care	11	13	11	10
At Relative Home	-	3	1	9
At Non-Relative Home	7	12	6	4
Center	-	2	1	1
School-Based Program	1	5	1	4
Other Activities	-	8	2	5
Other	-	-	-	-

[1] Percentages sum to more than 100 because families use multiple modes of care.

This table should be interpreted as follows: Of Virginia families with children of school-age who have lived in their residences less than one year, 92% use parent care regularly (i.e., five days/week).

EXHIBIT 3.16: LENGTH OF RESIDENCE BY REGULAR CARE ARRANGEMENTS (HOUSEHOLD): VIRGINIA

Type of Care Arrangement	Length of Residence (% of Row) 0-1 yr.	2-4 yrs.	5-8 yrs.	More than 8 yrs.	Total
Parent	8	15	28	48	100
Relative In-Home	4	9	25	62	100
Non-Relative In-Home	10	21	25	44	100
Self/Sibling Care	8	19	28	46	100
At Relative's Home	-	10	7	83	100
At Non-Relative's Home	9	30	25	35	100
Center	-	28	28	44	100
School-Based Program	3	23	12	63	100
Other Activities	-	27	14	58	100
Other	8	16	27	48	100

These data should be interpreted as follows: Parents in Virginia who have school-age children and who have resided in their current location for less than one year account for 8% of the parent care used statewide.

(48%), however, use proportionally more relative in-home care (62%), more school-based programs (63%), and more care at relative's homes (83%), possibly because these families have a broader social network to depend upon for support.

Income Level

Usage by poverty status is presented in Exhibits 3.17 and 3.18. Parents who would not report household income were asked if their income was above or below the poverty level. While exact income had a 20 percent refusal rate, this item had only a 4 percent refusal rate. Note that poverty varies by family size and farm/non-farm status, and was calculated by CATI for each family.

While 20 percent of the Virginia households were under the poverty level, those households account for 34 percent of the relative in-home care and 32 percent of the self/sibling care. The 76 percent of the non-poverty households account for all the center care, and most other activities (96%), school-based (92%), relative's home (90%), and non-relative in-home (86%) types of care.

Cost of Care

Cost of care data are presented in Exhibit 3.19. Most families had no costs for their school-age care arrangements (83%).[1/] Those who did have such expenses usually paid under $10 per week (6%) or $11 to $20/week (5%). Only 6 percent of the households had weekly school-age child care costs that were more than $20.

More than a third of the regular users of center care had $11 to $20 weekly costs (37%) while more than a quarter had $21 to $30 weekly costs (28%). Nonrelative in-home users, non-relative's home users, and

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[1/] Note that care by a parent, which has no cost, is included in the data.

EXHIBIT 3.17: REGULAR CARE ARRANGEMENTS (HOUSEHOLD) BY POVERTY STATUS: VIRGINIA

Type of Care Arrangement	Poverty Status (% of Column) 1/	
	Below Poverty Cut-off	Above Poverty Cut-off
Parent	85	88
Relative In-Home	16	6
Non-Relative In-Home	-	2
Self/Sibling Care	17	10
At Relative Home	2	6
At Non-Relative Home	5	6
Center	-	1
School-Based Program	1	4
Other Activities	1	6
Other	-	-

1/ Percentages sum to more than 100 because families use multiple modes of care.

Table should be interpreted as follows: 85% of Virginia families who have school-age children and who have income below the poverty line use parent care arrangements regularly.

EXHIBIT 3.18: INCOME BY REGULAR CARE ARRANGEMENTS (HOUSEHOLD): VIRGINIA

Type of Care Arrangement	Poverty Status (% of Row) Below Poverty Cut-off	Above Poverty Cut-off
Parents	19	77
Relative In-Home	34	52
Non-Relative In-Home	5	86
Self/Sibling Care	32	67
At Relative's Home	8	90
At Non-Relative's Home	16	81
Center	-	100
School-Based Program	8	92
Other Activities	4	96
Other	-	63
Total	20	76

Table should be interpreted as follows: Families in Virginia who have school-age children and who have income below the poverty level account for 19% of such care used statewide. Below poverty families account for 20% of the families in the state who have school-age children (bottom line). Numbers do not always add up to 100% due to refusals to the income question.

EXHIBIT 3.19: COST OF CARE BY REGULAR CARE ARRANGEMENT (HOUSEHOLD): VIRGINIA

Type of Care Arrangement	Average Weekly Cost of Care (% of Row) $1-10	$11-20	$21-30	$31-40	$41+	Don't Know/ No Cost	Total
Parent	6	4	3	-	1	86	100
Relative In-Home	2	3	1	-	2	92	100
Non-Relative In-Home	16	21	9	-	16	38	100
Self/Sibling Care	8	3	-	1	4	84	100
At Relative Home	23	15	-	2	4	56	100
At Non-Relative Home	19	19	3	8	3	48	100
Center	9	37	28	-	9	17	100
School-Based Program	-	3	3	3	6	85	100
Other Activities	4	8	-	2	4	82	100
Other	-	-	-	-	-	100	100
Total	6	5	3	1	2	83	100

This table should be interpreted as follows: Only 6% of the Virginia families who are regular users of parent care arrangements have weekly child care costs of $1 to $10 (86% of these families have no cost or did not answer the question). Since figures given are total child care costs for a family, these can include other sporadic kinds of care contributing to the total cost relative's home users all had a wide range of weekly costs. Only 16 percent of the households that regularly used self/sibling care had any costs, and most of those (8%) were under $10/week.

Summer Care Arrangements

Parents were also asked about past care arrangements for their school-age children during the summer. Exhibit 3.20 shows the results of this question. Community recreation of some type was used by the most families (47%), and most of those planned to use similar arrangements this coming summer (82%). Care by unpaid friends or neighbors was used by many households (38%), as were older sibling care (20%) and summer camps (19%). These latter activities were not always choices for a subsequent summer, however, as the percentages of families likely to repeat these arrangements were 62 percent, 37 percent, and 44 percent respectively. Although only 9 percent of the Virginia households used a school activities program in the summer, 84 percent of those households planned to do the same thing the following summer. Exhibit 3.21 shows that of the families who used special arrangements in the summer, 82 percent planned to repeat their arrangements the following summer.

MINNESOTA: CHILD CARE
USAGE PATTERNS

School-age child care usage in Minnesota, as in Virginia, appears to follow patterns of care identified in earlier studies. (See Chapter 1 for a review of the literature.) Not surprisingly, parent care is the predominant mode of care, especially in the mornings before school. The older age of school-age children is reflected in a greater usage of self- or sibling-care and school-related programs than family day care homes or day care centers, which are normally used by younger children. This section of the chapter explores these and other patterns of school-age day care usage by Minnesota families.

EXHIBIT 3.20: SUMMER CARE ARRANGEMENTS (HOUSEHOLD): VIRGINIA

Type of Care	Percentage of Families Who Used Arrangement Last Summer	Percent of Last Summer Users Who Plan to Use in Coming Summer
Community Recreation Program, Swimming Pool, or Supervised Playground	47	82
Summer School	8	23
School Activities Program	9	84
Summer Camp Program	19	44
Day Care Center	3	15
Family Day Care or Day Care Home (paid)	1	-
Older Brother or Sister (unpaid)	20	37
Neighbor, Friend, Relative (other than sibling) (unpaid)	38	62
Other	9	35

Table should be interpreted as follows: 47% of the families in Virginia who used special summer arrangements used community recreation programs, pools, or playgrounds, and 82% of those families (the 47%) plan to use such again.

EXHIBIT 3.21: REPEAT USAGE OF SUMMER CARE (HOUSEHOLD): VIRGINIA

Response	% Planning to Use Same Care
Yes	82
No	14
Don't Know/Refused	4
Total	100

This table should be interpreted as follows: 82% of the Virginia families who have school-age children and who use special summer arrangements plan to use the same care again the following summer.

Child Care Usage of Full-Time Employed Parents

The employment status of Minnesota parents affected the child care arrangements used by those families. Where one parent did not work full-time, that parent typically took care of the child during non-school hours. Parents working full-time, on the other hand, made much greater use of alternate forms of child care (i.e., care other than by the parent). Exhibit 3.22 shows the types of child care arrangements used by working and non-working households for different time periods. Before school, 98 percent of the families without a full-time working adult took care of their children every morning of the week. In contrast, only 66 percent of the families with full-time working adults were caring for their children on a regular basis before school.

Use of care other than by a parent increased for both types of families in Minnesota during the after school time period, but those homes with full-time working parents still showed significantly greater use of alternate child care arrangements. Nonparent care was used on a regular basis (5 days a week) after school by more than half (57%) of the full-time working households, but by only 14 percent of the families with a nonfull-time working adult. On an occasional basis (less than five times a week), nearly one-third (30%) of the families with a parent not working full-time used some form of nonparent care in the afternoons. Most of these families had school-age children participating in school-related functions--either school activities or some other after school program. Fourteen percent of the families with full-time working adults used non-parent care on an occasional basis. These children also tended to be engaged in school activities and programs.

One of the most striking patterns emerging from these data is the higher occurence of self- or sibling care by children whose parents work full-time. Only 2 percent of the families without a full-time working adult reported that their school-age children cared for themselves in the mornings and only 6 percent in the afternoons. In contrast, 16 percent of the families with full-time working adults had children who cared for themselves in the mornings before school and 24 percent of these families indicated self/sibling care in the afternoons.

EXHIBIT 3.22: SCHOOL-AGE CARE ARRANGEMENTS OF HOUSEHOLDS BY ADULT EMPLOYMENT STATUS: MINNESOTA[1/]

	Parents Not Working Full-time (Percent of Row)			Full-time Working (Percent of Row)			All Households (Percent of Row)		
	Not Used	Less than 5 times	5 times	Not Used	Less than 5 times	5 times	Not Used	Less than 5 times	5 times
AM									
Parent	2	-	98	32	2	66	10	1	89
Nonparent Care	98	-	2	65	2	33	89	1	10
Relative In-Home	100	-	-	93	1	6	98	-	2
Nonrelative In-Home	100	-	-	98	-	2	99	-	1
Self/Sibling Care	98	-	2	84	-	16	95	-	5
At Relative's Home	100	-	-	97	1	2	99	-	-
At Nonrelative's Home	100	-	-	94	-	6	98	-	2
Center	100	-	-	97	-	3	99	-	1
School-Based Program	100	-	-	100	-	-	100	-	-
Other Activities	100	-	-	100	-	-	100	-	-
Other	100	-	-	100	-	-	100	-	-
PM									
Parent	10	20	70	55	11	34	22	18	60
Nonparent Care	56	30	14	29	14	57	49	25	26
Relative In-Home	99	-	1	90	4	6	96	1	2
Nonrelative In-Home	99	1	1	96	3	2	98	1	1
Self/Sibling Care	95	2	4	77	5	19	90	2	8
At Relative's Home	98	2	-	96	1	3	97	2	1
At Nonrelative's Home	94	5	1	83	5	11	91	5	3
Center	99	1	-	96	-	4	98	-	1
School-Based Program	73	22	5	79	14	7	75	20	5
Other Activities	89	10	1	85	13	2	88	11	1
Other	97	2	1	98	1	2	97	2	1
Weekday									
Parent	1	-	99	24	4	72	7	1	92
Nonparent Care	56	30	15	25	10	65	47	24	29
Relative In-Home	99	-	1	84	4	12	95	1	4
Nonrelative In-Home	99	1	1	94	2	4	97	1	1
Self/Sibling Care	94	1	5	69	4	27	87	2	11
At Relative's Home	98	2	-	95	1	3	97	2	1
At Nonrelative's Home	94	5	1	82	4	13	91	5	4
Center	99	1	-	96	-	4	98	-	1
School-Based Program	73	22	5	79	14	7	75	20	5
Other Activities	89	10	1	85	13	2	88	11	1
Other	97	2	1	98	1	2	97	2	1

[1/] Households which used different care arrangements for their children appear in this table more than once.

In addition, full-time working parents used care at a nonrelative's home (16%), school activities (15%), and care by a relative in-home (10%) to a greater extent in the afternoons than did families where an adult did not work full-time (6%, 11%, 1%, respectively).

These data point out the degree to which child care, other than by a parent, is used by families with full-time working adults. Overall, 65 percent of full-time working households use nonparent care at least five times a week during the weekdays (mornings and afternoons). An additional 10 percent of these families use some form of nonparent care on an occasional basis (less than five times a week) during the weekdays. In contrast, only 15 percent of households without a full-time working parent use any type of nonparent care five times or more during weekdays, and an additional 30 percent reported use of nonparent care on an occasional basis.

When these two types of households--full-time working/not full-time working--are combined, care by parents appears to be the only major form of child care arrangements being used. In fact, however, where parents are employed full-time many other forms of child care are used, and used on a fairly frequent and regular basis. This should be remembered when interpreting the remainder of the findings, as usage data are reported only for combined households. This is because the study was designed to describe child care for school-age children of families in general, not just those whose parents are full-time workers. Thus a complete picture of how families across Minnesota are caring for their school-age children can be given.

Child Care Usage For All Families

Exhibit 3.23 shows the proportion of Minnesota households with school-age children using any of the various 17 categories of child care on weekdays. As can be seen by this table, parent care predominates for the combined before and after school time periods: 93 percent of the households in Minnesota reported some occurrence of parent care. Public school-based programs were also popular, with 21 percent of the households using this type of care for their school-age children. The

EXHIBIT 3.23: HOUSEHOLD USE (WEEKDAYS) OF SCHOOL-AGE CARE ARRANGEMENTS: MINNESOTA

Type of Child Care 1/	Percentage of Households Using 2/
Parent Care	93
Public School-Based Program	21
Self Care	10
Other Activities	9
Care in Non-Relative's Home	9
Community Recreation Programs	6
Sibling Care (Under Age 15)	5
Private School-Based Programs	5
Sibling Care (Over Age 15)	4
Non-Relative in Child's Home	3
Care in Relative's Home	3
Other Outside of Child's Home Care	3
School-Age Center	1
Relative Care in Child's Home	1

1/ Preschool center, combined preschool and school-age center, and care for child at place of work all had less than 1% responding.

2/ Because families use multiple modes of care, percentages do not total 100.

This table should be interpreted as follows: 93% of the Minnesota families with school-age children use parent care either before or after school at least once on school days (i.e., during the week).

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third most common arrangement was self-care. Approximately 10 percent of Minnesota households have school-age children who are left alone for some period of time either before or after school, according to the telephone survey data.

In interpreting this information, the reader should remember that nearly all of the families use multiple care arrangements. Exhibit 3.23 shows any occurrence of child care usage in a household and thus is an indication of the range of use rather than the extent of use. (Later sections of this chapter examine regular child care usage, defined as five or more times in a week.)

In addition, Minnesota has a fairly extensive program of before and after school care in the schools, which accounts in part for the high number of users of this type of care. The proportion of school-based care users also includes an unknown number of households who were coded in this category rather than that of simply an after school activity program (e.g., sports, clubs, etc.)

The incidence of self care (10%), however, is somewhat underestimated because an additional category--sibling care (under age 15)--contributes another 5 percent to the proportion of households with children ages 14 and under taking care of themselves. Remember, however, that the amount of time school-age children are left alone varies and may be as little as 15 minutes or as much as an entire afternoon. (Chapter 7 provides an in-depth analysis of self-care/sibling care arrangements.)

Other child care arrangements used less included after school activities (9%), care in a non-relative's home (i.e., a family day care home) (9%), and community recreation programs (6%).

About 5 percent or fewer of the households in Minnesota have used private school-based programs (5%), siblings 15 years or older (4%), a non-relative in the child's home (3%), care in a relative's home (3%), and other care outside of the child's home (3%). Child care centers were used infrequently: school-age center usage accounted for 1 percent of the households; preschool centers and combined school-age and preschool centers were each used by less than 1 percent of the households.

Thus parent care was by far the most common form of child care before and after school; nearly all households used this type of care at some time during the week. School programs (whether formal child care programs or simply school activities such as sports or clubs) were the next major type of arrangement. Self-care or care by siblings under the age of 15 was the third most common arrangement. Family day care homes and day care centers were used much less frequently.

Before School Care

The pattern of child care arrangements alters somewhat when only the before school hours are considered (see Exhibit 3.24). Parent care was still the predominant mode with 90 percent of the households reporting some occurrence of parent care in this time period; 89 percent took care of their school-age children all five mornings of the week. This is as expected, since parents are at home in the mornings for some period of time. Those families that indicated an absence of parent care in the mornings (10%) generally reflect cases where the parent(s) leaves for work before the child gets up or where someone else (the child, an older sibling) is responsible for the child.

Minnesota families did not tend to use formal child care arrangements before school. Besides those using parent care, approximately 4 percent of the households used self-care every morning, and an additional 2 percent had siblings under age 15 caring for their younger brothers or sisters. In contrast, center care, school-based programs, and other activity programs were used by 1 percent or fewer households. Family day care homes (nonrelative's home) were used by 2 percent of the households for before school child care on a regular basis.

In-home interviews with parents and children indicated that child care in the morning hours was not considered a problem. Many working parents did not leave for work before their children went to school. When children were alone, it was only for a short period of time. The major concerns expressed by a few parents about before school care was that their child would not get up or would skip school that day.

EXHIBIT 3.24: BEFORE SCHOOL CARE ARRANGEMENTS (HOUSEHOLD): MINNESOTA

	Percent of Total		Percent of Row	
Type of Care Arrangement	Number of Times Mode Occurs: 1-4 days/week	5 days/week	No Occurrence: 0 days/week	Any Occurrence: 1 or more days/week
Parent	3	89	10	90
Older Sibling (15+)	3	1	99	1
Self Care	-	4	96	4
Self and Sibling (-15)	-	2	98	2
Relative In-Home	1	1	99	1
Nonrelative In-Home	-	1	99	1
Relative's Home	1	1	99	1
Nonrelative's Home	1	2	98	2
Preschool Center	-	1	100	1
School Age Center	-	1	99	1
Combination Center	-	1	100	1
Public School Program	-	1	100	1
Private School Program	-	-	100	-
Community Recreation Program	-	1	100	1
Other Activities	-	-	100	-
Care at Work	-	-	100	-
Other Outside Home	-	1	100	1

This table should be interpreted as follows: Of the Minnesota families with school-age children, 3% use parent care arrangements one to four days per week before school, 89% of such families use it every day before school, and 10% of such families report they never use parent care arrangements before school. Thus 90% use it at least one day a week before school.

After School Care

The pattern of child care changes noticeably in the afternoon. (See Exhibit 3.25.) The number of families using parent care in this time period drops to 79 percent; only 55 percent of the Minnesota families use parent care on a regular basis in the afternoon (i.e., five days/week). These percentages also reflect, in part, situations where other child care is used for part of the afternoon and then the parent takes care of the child for the remainder of the time period. (In this case two different types of care are recorded for the household.) In contrast, the proportion of families using child care arrangements that are typically paid for increases: public school-based programs (21%), other school activities (9%), and care at a non-relative's home (9%). These arrangements tended to be used less consistently, however. For example, public school-based programs were used one day a week by 8 percent of the households, two days a week by 5 percent of the households, three and four days a week by 2 percent each of the households, and five days a week by 5 percent of the households. Self- and sibling care was an exception to this pattern: children tended to care for themselves on a regular basis. Approximately 5 percent of the households reported self-care by their school-age children five days a week, and an additional 3 percent indicated siblings under age 15 took care of themselves every afternoon during the week. Not more than 1 percent of the households reported self- or sibling care on a sporatic basis (one to four days a week).

Care During Other Time Periods

In the telephone survey parents were asked if their work situation required them to have special child care arrangements during other time periods, such as evenings, weekends, holidays, and when their child was sick. Exhibit 3.26 shows the types of child care used during these time periods.

Only 16 percent of the households in Minnesota indicated that a parent did occasional or regular work in the evenings. Of this number, however, 87 percent still had one parent at home to care for the child in the evening. After parent care, most families (13%) reported the

EXHIBIT 3.25: AFTER-SCHOOL CARE ARRANGEMENTS (HOUSEHOLD): MINNESOTA[1/]

	Percent of Total					Percent of Row	
	Number of Times Mode Occurs/Wk					No Occurrence	Any Occurrence
Type of Care Arrangement	1	2	3	4	5		
Parents	1	1	5	7	65	21	79
Older Sibling (15+)	1	1	-	1	2	97	3
Self-Care	1	1	1	1	5	93	7
Self and Sibling (-15)	1	1	1	1	3	96	4
Relative In-Home	1	1	-	-	1	99	1
Non-Relative In-Home	-	1	1	1	1	98	2
Relative's Home	2	-	1	-	1	97	3
Non-Relative's Home	3	1	1	1	3	91	9
Preschool Center	-	-	-	-	-	100	-
School-Age Center	-	-	-	-	1	99	1
Combination Center	-	-	-	-	1	99	1
Public School Program	8	5	2	2	5	79	21
Private School Program	4	1	1	-	1	95	5
Community Recreation Program	3	2	1	1	1	94	6
Other Activities	6	2	1	1	1	91	9
Care at Work	-	-	1	1	1	99	1
Other Outside Home	1	-	-	-	1	98	2

[1/] Percentages less than 1 are not shown.

This table should be interpreted as follows: 1% of Minnesota families with school-age children use parent care arrangements once a week after school; 1% do so twice a week, 5% do so three times a week, 7% four times a week, and 65% do so every day. Twenty-one percent never use parent arrangements at these times; 79% use such arrangements at least once a week.

EXHIBIT 3.26: CHILD CARE ARRANGEMENTS USED DURING SPECIAL TIME PERIODS (HOUSEHOLD): MINNESOTA

	Any Occurrence of Usage			
	Percentage of Total Responding for Each Time Period			
Types of Care Arrangement	Evening Care 1/	Weekend Care 2/	Holiday Care 3/	Care When Child Is Sick 4/
Parents	87	28	55	86
Older Sibling (15+)	1	5	2	1
Self-Care	1	1	1	7
Self and Sibling (-15)	7	7	5	1
Relative In-Home	4	19	8	8
Nonrelative In-Home	13	33	14	1
Relative's Home	2	15	15	4
Nonrelative's Home	5	15	9	1
Preschool Center	-	-	-	-
School-Age Center	-	1	1	-
Combination Center	-	-	-	-
Public School Program	1	-	1	-
Private School Program	4	-	1	-
Community Recreation Program	3	1	1	-
Other Activities	3	-	-	-
Care at Work	1	1	1	1
Other Outside Home	1	1	-	2

1/ 16 percent of sample responding

2/ 15 percent of sample responding

3/ 15 percent of sample responding

4/ 30 percent of sample responding

This table should be interpreted as follows: 87% of the Minnesota families with school-age children who require special arrangements during these time periods use parent care during evenings, 28% use parent care on weekends, 55% use it on holidays, and 86% use it when their children are sick. Thus the first entry means 87% of the 16% of families who have special evening needs use parent care.

occasional use--one evening a week--of a nonrelative in the child's home (in other words, a babysitter). The proportion of families using self- care declines to 1 percent in the evening, although sibling care (under age 15) rises to 7 percent. Centers and other types of care were used infrequently in the evenings.

Approximately 15 percent of the Minnesota sample indicated that they worked weekends occasionally or regularly. One-third of those (33%) used a nonrelative in the child's home (i.e., babysitter) for child care during these times. Another 28 percent indicated usage of parent care, while 19 percent had a relative care for the child in the child's home.

During holidays, 15 percent of the sample had need for child care. Of that number, however, more than half (55%) of the households still had one parent at home to watch the children. Relative care, at the relative's home or in the child's home, was also used: 15 percent and 8 percent, respectively, indicated using this form of care during holidays.

Most households, 86 percent of the 30 percent responding to this item, used parent care when the child was sick. Relative care was also common, with a combined 12 percent of the sample households using a relative to care for a sick child in the child's home (8%) or in the relative's home (4%). A surprising 7 percent of the sample households indicated that children took care of themselves when they were sick.

Regular Child Care Usage [1]

This section presents the overall care patterns of regular users; subsequent sections address demographic differences among regular users.

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[1] As explained at the beginning of this chapter, the 17 modes of care were collapsed into 10 major categories of child care to make analysis and interpretation of results more manageable. In addition, we created the analytical construct of "regular user," defined as use of a particular form of care five or more times during the weekdays (before and after school). Some households were regular users of more than one type of care.

Exhibit 3.27 displays the basic usage patterns of regular child care users. When the modes of care are collapsed and only regular use is noted, several variations in earlier usage patterns emerge. Parent care is still the most widely used form of child care (92%). This reflects the high occurrence of parent care in the morning hours and the aggregation of households where a parent does not work (and therefore is home to care for the child) with those families where the parents work full-time. Self- or sibling care on a regular basis, however, is now the second most common care arrangement. Approximately 11 percent of the households leave their children under age 15 alone for some period of time on a regular basis during the weekdays.

School-based programs were the next most used form of routine care reported by 5 percent of the households. Relative care (4%), care in nonrelative's home (4%), and child care centers (1%) were used regularly by a small proportion of households.

Patterns of Child Care

Regular use of various care arrangements was analyzed in relation to other key variables. Child care patterns were examined with regard to demographic characteristics such as ethnicity, income, work status, and location (urbanicity). We also explored factors such as the cost of care, age of the child, and combinations of child care methods used. This section of the report gives our findings for these and other variables analyzed for the Minnesota household data.

Combinations of Child Care

Most regular users of child care tended to use only one form of care: 80 percent of the Minnesota households reported only one type of regularly used child care (mostly parent care). Two modes of care were used regularly by 19 percent of the households and only 1 percent reported regular use of three modes of care (see Exhibit 3.28). When families used two modes of care regularly during the weekdays, they tended to combine parent care with self- or sibling care (7%) or school-based programs (5%) (See Exhibit 3.29).

EXHIBIT 3.27: PERCENTAGE OF HOUSEHOLDS THAT ARE REGULAR WEEKDAY USERS OF CARE ARRANGEMENTS EITHER BEFORE OR AFTER SCHOOL: MINNESOTA

Type of Care Arrangement	Percentage of Households 1/
Parent Care	92
Self or Sibling Care (Under Age 15)	11
School-Based Programs	5
Relative in Child's Home (Including Siblings Age 15 and Over)	4
Care in Non-Relative's Home	4
Child Care Center	1
Activities	1
Non-Relative in Child's Home	1
Relative's Home	1
Other	1

1/ Because families use multiple modes of care, percentages total more than 100.

This table should be interpreted as follows: 92% of Minnesota families regularly use parent care arrangements either before or after school. Regular means daily use (M-F) for at least one child in the household.

EXHIBIT 3.28: PERCENTAGE OF HOUSEHOLDS USING ONE OR MORE CARE ARRANGEMENTS REGULARLY: MINNESOTA

Number of Care Arrangements Used	Percentage of Households
One	80
Two	19
Three	1
Total	100

This table should be interpreted as follows: Of all Minnesota families with school-age children whose children use an identical arrangement every day during the week (for at least one care arrangement), 80% used only one arrangement regularly.

EXHIBIT 3.29: TYPES OF MULTIPLE CARE ARRANGEMENTS USED BY HOUSEHOLDS: MINNESOTA

	Mode of Care									
Care Arrangement	Parent Care	Relative In-Home	Non-Relative In-Home	Self/ Sibling Care	At Relatives Home	At Non-Relatives Home	Center	School-Based Program	Other Activities	Other
Parents	100	3	1	7	-	1	1	5	-	1
Relative In-Home	61	100	6	23	2	6	-	-	2	-
Nonrelative In-Home	51	17	100	11	-	11	-	-	-	-
Self/Sibling Care	59	8	1	100	-	5	-	5	1	1
At Relative's Home	40	6	-	-	100	14	-	-	-	-
At Nonrelative's Home	39	6	4	15	4	100	-	-	-	-
Center	43	-	-	-	-	-	100	-	-	-
School-based Program	92	-	-	10	-	3	-	100	-	-
Other Activities	44	11	-	22	-	11	-	-	100	-
Other	86	-	-	7	-	-	-	-	-	100
Totals	92	4	1	11	1	3	1	5	1	1

Table entries are interpreted as follows: Examining the "totals" row, it is evident that 92% of the families who have school-age children use parent care arrangements regularly. Three percent of those 92% also use relative in home care regularly. These same families also account for the relative in home care users (4% overall) who also use parent care (6% of the 4%). Any numerical differences are due simply to rounding error. The diagnosed 100% represent the intersection of the same families, i.e., a perfect overlap, hence 100%.

Age of Child

The age of the child had a clear relationship to the mode of child care used for that child. Exhibit 3.30 shows the distribution by age of regular child users of the major categories of child care. While parent care was still the predominant mode for all ages, the incidence of self- or sibling care clearly increased with age. Of the children ages 5 to 8, only 4 percent were regular weekday users of self- or sibling (under age 15) care. For the 9- to 11-year-olds, this proportion jumps to 11 percent; and a full 15 percent of the 12- to 14-year-olds regularly cared for themselves or younger siblings during the weekdays.

Other patterns of age distribution indicated by Exhibit 3.30 include the decreasing use of care at a non-relative's home (6%, 2%, 1%) as age increased (5 to 8 years, 9 to 11 years, 12 to 14 years). In contrast, the use of school-based programs increased with age: 0 percent of the 5 to 8 year-olds; 1 percent of the 9 to 11 year-olds; and 10 percent of the 12 to 14 year-olds.

Urbanicity

The relationship between regular use of a particular mode of care and the location of the household (urban, suburban, town, rural) is shown in Exhibit 3.31. Several interesting patterns emerge when this table is examined. Families living in suburban areas tended to use parent care less (84%) and self/sibling care (15%) more than did households in other locations. Families in small towns seemed to use school-based programs (13%) more than their urban/suburban/rural counterparts. Households in rural areas were second only to suburban families in their usage of self/sibling care (10%), although they also had the highest proportion of reported parent care users (96%).

Ethnicity

The relative lack of variation in the ethnic composition of the Minnesota sample makes analysis of the usage data by ethnic group highly tenuous. Exhibit 3.32 seems to indicate that Blacks have a high

EXHIBIT 3.30: PERCENTAGE OF CHILDREN IN DIFFERENT CARE ARRANGEMENTS BY AGE OF CHILD: MINNESOTA

	Percentage of Column [1]		
	AGE OF CHILD		
Type of Care Arrangement	Age 5-8	Age 9-11	Age 12-14
Parent	92	92	92
Relative In-Home	3	2	4
Non-Relative In-Home	3	1	2
Self/Sibling Care	4	11	15
At Relative's Home	1	1	-
At Non-Relative's Home	6	2	1
Center	2	-	-
School-based Program	-	1	10
Other Activities	1	1	1
Other	1	1	1

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[1] Percentages sum to more than 100 because families use multiple modes of care.

This table should be interpreted as follows: 92% of the 5 to 8 year-olds in Minnesota regularly have parent care arrangements, 92% of the 9 to 11 age have such arrangments, and 92% of the children in the 12 to 14 age range also use parent arrangements regularly.

EXHIBIT 3.31: REGULAR CARE ARRANGEMENTS (HOUSEHOLD) BY LOCATION: MINNESOTA

	Location (Percent of Column)[1]			
Type of Care Arrangement	City [2]	Suburb [3]	Town [4]	Rural [5]
Parent	93	84	92	96
Relative In-Home	5	4	6	3
Non-Relative In-Home	1	1	2	2
Self/Sibling Care	9	15	8	10
At Relative's Home	1	1	1	1
At Non-Relative's Home	4	5	3	4
Center	1	4	-	-
School-based Program	2	5	13	4
Other Activities	3	3	-	-
Other	-	2	2	-

[1] Percentages do not sum 100 because families use multiple child care arrangements.

[2] City = population greater than 25,000

[3] Suburb = self-defined by respondent as suburb or city. In both states some suburbs are cities in themselves.

[4] Town = population of 2,500-25,000

[5] Rural = population less than 2,500

This table should be interrupted in follows: 93% of the Minnesota families who have school-age children and who live in a city regularly (i.e., five days/weeks) use parent can arrangements.

EXHIBIT 3.32: REGULAR CARE ARRANGEMENTS (HOUSEHOLD) BY ETHNICITY: MINNESOTA

	Ethnicity (% of Column) 1/		
Type of Care Arrangement	White	Black	Other Ethnic Group
Parents	92	57	93
Relative In-Home	4	14	2
Non-Relative In-Home	1	14	-
Self/Sibling Care	11	29	5
At Relative's Home	1	-	-
At Non-Relative's Home	4	-	-
Center	1	-	2
School-based Program	5	-	-
Other Activities	1	-	-
Other	1	-	-

[1/] Numbers do not sum to 100 percent because families use of multiple modes care.

This table should be interpreted as follows: 92% of the White families in Minnesota with school-age children use parent care arrangements regularly, 57% of black families do, and 93% of other ethnic/racial groups do so.

incidence of self/sibling care (29%) and a correspondingly low percentage of parent care (57%). These figures compare to those of Whites whose regular household usage of self/sibling care was 11 percent and parent care was 92 percent. However, Blacks make up such a small proportion of the sample (less than 1%) that when the proportion of parent care users is examined by ethnicity (Exhibit 3.33), Blacks do not even comprise 1 percent of the regular users. Whites accounted for 96 percent of the self/sibling care users, and Blacks 1 percent.

Households of other ethnic backgrounds comprised 3 percent of the weighted data, but their numbers are difficult to interpret. Most of these respondents were American Indians, Asians, other ethnic groups, and Hispanics. For the most part, households of other ethnic backgrounds seemed to follow the child care pattern of Whites. The data may also indicate a slight preference for center care among other ethnic groups: of those regular users of center care, 6 percent were other ethnic families and 94 percent were White. Of other ethnic households, 2 percent used child care centers on a regular basis (compared to 1 percent of the Whites and 0 percent of the Blacks).

Parental Employment Status

Parents were classified into one of four working status categories:

- Full-time (both parents work full-time or a single parent works full-time);
- Mixed (one parent works full-time or part-time and the other parent does not work);
- Not working (both parents not working or a single parent not working); and
- Part-time (both parents are part-time workers; one works full-time, one part-time; or a single parent works part-time).

After weighting the data, the percentage of households falling into the above categories was as follows: full-time: 28 percent; mixed: 41 percent; not working: 5 percent; part-time: 26 percent.

EXHIBIT 3.33: ETHNIC BACKGROUND BY REGULAR CARE ARRANGEMENT (HOUSEHOLD): MINNESOTA

	Ethnicity (% of Row)			
Type of Care Arrangement	White	Black	Other Ethnic Group	Total
Parents	97	-	3	100
Relative In-Home	96	2	2	100
Nonrelative In-Home	95	5	-	100
Self/Sibling Care	96	1	1	100
At Relative's Home	100	-	-	100
At Non-Relative's Home	100	-	-	100
Center	94	-	6	100
School-based Program	100	-	-	100
Other Activities	100	-	-	100
Other	100	-	-	100
Total	97	-	3	100

This table is interpreted as follows: White families in Minnesota with school-age children account for 97% of school-age families in the state (bottom row), and these families also account for 97% of the parent care usage. Black families represent less than 1% of the households, and less than 1% of the usage of this care arrangement.

As Exhibit 3.34 indicates, full-time working parents, tended to use less parent care on a regular basis (72%) and more self/sibling care (26%). Working parents were also frequent users of care at a nonrelatives home (13%). In the households where a parent did not work, parent care was used by all (100%) of the households. A few of these families also had school-age children participating in school-based and other activity programs.

Greater use of paid-type child care arrangements for the children of working parents is shown in Exhibit 3.35. Of those households regularly using care in a nonrelative's home, 91 percent were full-time working parents. Similarly, 100 percent of the child care center users were parents employed full-time. Self/sibling care was also common among working households: more than two-thirds (68%) of the families with children taking care of themselves were families in which both parents worked full-time or in which a single parent worked full-time. Families with one or both parents who did not work represented only 5 percent of the regular self/sibling care users. The remaining 26 percent of the households with school-age children taking care of themselves were families with part-time working parents.

Length of Residence

Indications of a few unexpected tendencies emerged from the data on length of residence of households. The longer a family has lived in the same location, the greater the likelihood that they will use parent care (see Exhibit 3.36). Ninety-four percent of the households residing at their current address for more than eight years used parent care on a regular basis. In contrast, only 80 percent of the new residents (up to one year) used parent care. Perhaps in lieu of parent care, newcomers also tended to use self/sibling care (20%) a great deal, although this was consistently the second most often used form of regular child care regardless of the length of residence.

Exhibit 3.37 indicates much greater use of child care centers by newcomers. Of all center users, almost half (48%) had lived at their current residence for one year or less. These figures are difficult to interpret, however, since there were very few newcomers (6% of the

EXHIBIT 3.34: REGULAR CARE ARRANGEMENTS (HOUSEHOLD) BY PARENTS' WORKING STATUS: MINNESOTA

	Working Status of Parents (% of Column) 1/			
Type of Care Arrangements	Full-Time	Mixed	Not Working	Part-time
Parent	72	100	100	98
Relative In-Home	12	-	-	3
Nonrelative In-Home	4	-	-	2
Self/Sibling Care	27	1	-	11
At Relative's Home	3	-	-	1
At Nonrelative's Home	13	-	-	1
Center	4	-	-	-
School-based Program	7	6	11	1
Other Activities	2	2	-	-
Other	2	-	-	2

1/ Categories for working status were defined as follows:

Full-time --	Both parents work full-time or a single parent works full-time;
Mixed --	One parent works full- or part-time and the other parent does not work;
Not working--	Both parents do not work or a single parent does not work; and
Part-time --	Both parents work part-time; one full-time, one part-time; or a single parent works part-time.

Percentages total more than 100 because families use multiple modes of care.

These data should be interpreted as follows: Of the school-age families in Minnesota who had both parents working full-time, 71% were regular (daily) users of parent care.

EXHIBIT 3.35: WORKING STATUS BY REGULAR CARE ARRANGEMENT (HOUSEHOLD): MINNESOTA

Type of Care Arrangement	Working Status of Parents (% of Row) 1/ Full-time	Mixed	Not Working	Part-time	Total
Parents	21	45	5	28	100
Relative In-Home	80	-	-	20	100
Nonrelative In-Home	68	-	-	32	100
Self/Sibling Care	68	5	-	26	100
At Relative's Home	81	-	-	19	100
At Nonrelative's Home	91	2	-	7	100
Center	100	-	-	-	100
School-based Program	36	49	10	6	100
Other Activities	41	53	-	5	100
Other	43	7	-	50	100
Total	28	41	5	26	100

1/ Categories for working status were defined as follows:

Full-time --	Both parents work full-time or a single parent works full-time;
Mixed --	One parent works full- or part-time and the other parent does not work;
Not working--	Both parents do not work or a single parent does not work; and
Part-time --	Both parents work part-time; one full-time, one part-time; or a single parent works part-time.

These data should be interpreted as follows: 21% of the users of parent care for school-age children are families with two parents who work full-time (or a single head of household who works full-time).

EXHIBIT 3.36: REGULAR CARE ARRANGEMENT (HOUSEHOLD) BY LENGTH OF RESIDENCE: MINNESOTA

Type of Care Arrangement	Length of Residence (% of Column) 0-1 yr.	2-4 yrs.	5-8 yrs.	More than 8 yrs.
Parent	80	86	91	94
Relative In-Home	1	10	3	4
Nonrelative In-Home	-	1	4	1
Self/Sibling Care	20	13	8	11
At Relative's Home	-	-	2	1
At Nonrelative's Home	11	4	6	2
Center	10	2	1	-
School-based Program	2	2	4	6
Other Activities	1	-	1	2
Other	-	-	1	1

Percentages total more than 100 because families use multiple modes of care.

This table should be interpreted as follows: Of school age families in Minnesota who have lived in their residence less than one year, 80% use parent care regularly (i.e., five days/week).

EXHIBIT 3.37: LENGTH OF RESIDENCE BY REGULAR CARE ARRANGEMENT (HOUSEHOLD): MINNESOTA

Type of Care Arrangement	Length of Residence (% of Row) 0-1 yr.	2-4 yrs.	5-8 yrs.	More than 8 yrs.	Total
Parents	5	9	23	63	100
Relative In-Home	2	25	16	57	100
Nonrelative In-Home	-	10	66	24	100
Self/Sibling Care	11	11	17	60	100
At Relative's Home	-	-	31	69	100
At Nonrelative's Home	16	11	34	38	100
Center	48	17	12	23	100
School-based Program	3	4	19	74	100
Other Activities	5	-	16	79	100
Other	-	-	21	79	100
Total	6	10	23	62	100

These data should be interpreted as follows: Parents in Minnesota who have school-age children and who have resided in their current location for less than one year account for 5% of parent care statewide.

weighted sample) and very few center users (1%). The proportion of self/sibling care users, in general, reflects the proportion of residents of each length of stay in the sample--with the minor exception of slightly higher usage of self- or sibling care (11%) by newcomers than their proportion statewide (6%), and a lower percentage of self- or sibling care users (17%) who were five to eight-year residents than their percentage statewide (23%).

Income Level

One gross measure of household income used for cross tabulations was whether a family was above or below the poverty level for the state. When this information was crossed with regular use of child care modes, surprisingly little difference appeared between poverty/nonpoverty level households in the types of child care used (Exhibits 3.38 and 3.39). Families below the poverty cut-off in Minnesota may show a slightly greater tendency toward use of parent care; 97 percent of those below the poverty line used parent care compared to 90 percent of those whose income was above the poverty cut-off. In both cases, the frequency of self/sibling care was 11 percent.

Cost of Care

The most costly child care expenses were incurred by households using center care: 48 percent of the families using regular center care paid $21 to $30/week; 6 percent paid $31 to 40; and 35 percent paid more than $40/week for their child care (Exhibit 3.40).

Summer Care Arrangements

Parents were also asked about past child care arrangements for their school-age children during the summer. Exhibit 3.41 shows the answers to this question. More than half of the families (52%) indicated that their children were involved in a community recreation program, swimming pool, or supervised playground the previous summer. The next most popular form of summer care was having the child stay with a neighbor, friend, or relative (other than siblings); 39 percent of the

EXHIBIT 3.38: REGULAR CARE ARRANGEMENTS (HOUSEHOLD) BY POVERTY STATUS: MINNESOTA

	Poverty Status (% of Column) 1/	
Type of Care Arrangements	Below Poverty Cut-off	Above Poverty Cut-off
Parents	97	90
Relative In-Home	2	5
Nonrelative In-Home	-	2
Self/Sibling Care	11	11
At Relative's Home	-	1
At Nonrelative's Home	3	4
Center	-	2
School-based Program	3	5
Other Activities	3	1
Other	-	1

1/ Percentages total more than 100 due to multiple use of child care modes.

This table should be interpreted as follows: 97% of Minnesota school-age families below the poverty line use parent care arrangements regularly.

EXHIBIT 3.39: INCOME BY REGULAR CARE ARRANGEMENTS (HOUSEHOLD): MINNESOTA

Type of Care Arrangement	Poverty Status (% of Row)	
	Below Poverty Cut-off	Above Poverty Cut-off
Parent	20	77
Relative In-Home	11	89
Non-Relative In-Home	5	95
Self/Sibling Care	19	79
At Relative's Home	-	100
At Non-Relative's Home	12	86
Center	-	100
School-Based Program	12	79
Other Activities	47	53
Other	-	50
Total	19	78

Table should be interpreted as follows: Families who have school-age children and who have income below the poverty level account for 20% of such care used statewide. Below poverty families account for 19% of the families with school-age children in the state (bottom line). Numbers do not add up to 100 due to refusals.

EXHIBIT 3.40: COST OF CARE BY REGULAR CARE ARRANGEMENTS (HOUSEHOLD): MINNESOTA

Type of Care	Average Weekly Cost of Care (% of Row)						
Arrangement	$1-10	$11-20	$21-30	$31-40	$41+	Don't Know/ No Cost	Total
Parents	5	3	2	-	1	89	100
Relative In-Home	2	-	2	11	7	78	100
Nonrelative In-Home	15	36	14	10	5	20	100
Self/Sibling Care	3	3	2	1	1	90	100
At Relative's Home	13	-	12	-	13	62	100
At Nonrelative's Home	8	16	22	16	9	29	100
Center	-	12	48	6	35	-	100
School-based Program	3	1	1	-	1	94	100
Other Activity	-	-	10	5	5	80	100
Other	-	-	-	-	7	93	100
Total	6	3	3	1	2	85	100

This table should be interpreted as follows: Only 5% of the Minnesota families who are regular users of parent care arrangements have weekly child care costs of $1 to $10 (89% of these families have no cost or did not answer the question). Since figures given are total child care costs for a family, these can include other sporadic kinds of care contributing to the total cost.

EXHIBIT 3.41: SUMMER CARE ARRANGEMENTS (HOUSEHOLD): MINNESOTA

Type of Care	Percent of Families Who Used Arrangement Last Summer	Percent of Last Summer Users Who Plan to Use in Coming Summer
Community Recreation Program, Swimming Pool, or Supervised Playground	52	67
Summer School	21	8
School Activities Program	16	40
Summer Camp Program	23	65
Day Care Center	3	35
Family Day Care or Day Care Home (paid)	4	60
Older Brother or Sister (unpaid)	24	70
Neighbor, Friend, Relative (other than sibling) (unpaid)	39	64
Other	8	23

Table should be interpreted as follows: 52% of the Minnesota families who used special summer arrangements used community recreation program, pools, or playgrounds, and 67% of those families (the 52%) plan to use such again.

families indicated they used these forms of care during the past summer. Also reported with some frequency were: staying with older brother or sister (24%); summer camp (23%), and summer school (21%).

Most families indicated plans to use the same form of care for the upcoming summer. As Exhibit 3.42 shows, 85 percent of the households using some form of special summer care arrangements last summer planned to use the same care arrangements the following summer. Those planning to repeat a particular form of summer care are shown in the earlier Exhibit 3.41. The most consistent repeat usage planned was that of sibling care: 70 percent of the households who used sibling care the past summer planned to use it again the following summer. Community recreation programs, swimming pools, and supervised playgrounds were also popular, with 67 percent of the households reporting plans to use these arrangements again. Few parents (8%) planned to use summer school; this number may reflect cutbacks in school budgets that resulted in many school systems discontinuing summer school.

TRENDS IN CHILD CARE USAGE: SUMMARY AND CONCLUSIONS

School-age child care usage patterns were remarkably similar in Virginia and Minnesota households. Both states had a high incidence of regular usage of parent care, followed by self- or sibling care. When analyzed by the employment status of parents, it is clear that full-time working parents use forms of child care other than the parent to a significant extent. In particular, children of full-time working parents tended to care for themselves on a regular basis. Minnesota had greater occasional usage of school-based activity programs than Virginia, undoubtably because Virginia's "extended day" school programs were restricted to a handful of communities. However, on a regular basis, families in both states used this form of care to a similarily lesser extent. In contrast, Virginia showed a higher usage of relative in-home care that may be related to the larger proportion of minorities (many of whom used this mode of care) in the Virginia population. Minorities in Virginia also appear to use self- and sibling care to a much greater degree than did Whites in Virginia. A similar pattern was not evident in

EXHIBIT 3.42: REPEAT USAGE OF SUMMER CARE (HOUSEHOLD): MINNESOTA

Response	% Planning to Use Same Care
Yes	85
No	14
Don't Know/Refused	2
Total	100*

*Totals more than 100 because figures were rounded.

This table should be interpreted as follows: 85% of the Minnesota families with school-age children who use special summer arrangements plan to use the same care again the following summer.

Minnesota, in part because the proportion of minorities in the Minnesota sample was too small to allow analysis.

Canonical analyses were performed on the combined Virginia and Minnesota household data to detect any trends in child care usage. The data from both states were combined, partly to create a large enough sample upon which the analyses could be performed and also because the similarities in the two data bases did not warrant separate treatment. Four trends emerged from the canonical correlations.

(1) Persons who work full-time, are not married, are not White, are Black, have 9- to 11-year-olds, and have only one child to tend to:

  (a) not use parent care

  (b) use self- or sibling-care

  (c) use relative in-house care

  (d) use family day care (nonrelative's) homes

  (e) not use center care.

2. Persons who have 5 to 8 year olds, do not have 12 to 14 year olds, and live in Virginia tend to:

  (a) not use self or sibling care

  (b) use family day care (at relative's or nonrelative's home)

  (c) use center care.

3. Persons who are White, not Black, live in Minnesota, in the suburbs, not in a rural area, and have not lived long in the community (0 to 1 year) tend to:

  (a) not use relative in-home care

  (b) not use care at a relative's home

  (c) use center care.

4. Persons who do not have 9 to 11 year olds, have 12 to 14 year olds, are married, live in a small town, do not live in a large city, have lived in the community for a while, and are not poor tend to:

  (a) use relative's home for care

  (b) use school-based activity programs

  (c) not use relative in-home care

  (d) not use other activities.

These trends identified through canonical analysis confirm several earlier findings: older children tend to take care of themselves or to be involved in school programs, and minorities (mostly in Virginia) tend to use less parent care and more self- or sibling care.

Now that the usage patterns of school-age child care have been described, the following chapter will address the satisfaction level of users.

4

PARENT SATISFACTION AND PREFERENCES

Overview

The preceding chapter discussed the types of care arrangements that families use both regularly and infrequently. This chapter explores parents' attitudes toward the care arrangements they use and the types of care they would prefer to use. Three general areas of inquiry relate to this topic: (1) how well present care arrangements meet the needs of parents and their children; (2) how satisfied parents are with their current arrangements; and (3) what types of care they would prefer over their current arrangements.

In addition to determining the level of families' satisfaction with their current care arrangements and their preferences for other types of care, we also attempted to assess the factors that influenced their responses. For example, are families with younger school-age children more pleased with their current care arrangements than those with older school-age children? Which types of care arrangements are preferred for younger children? for older children? Are people in urban areas more or less satisfied with their care arrangements than people in rural areas? Do single-adult families experience more difficulties with school-age care than their married counterparts? How does employment status affect parents' satisfaction? Which types of care meet parents' and childrens' needs very well? not well? These are some of the questions addressed in this chapter.

The focus of this chapter is on general care arrangements, whereas Chapter 6 is devoted to parents' attitudes toward leaving school-age children without adult supervision. Each of the three topic areas mentioned above is addressed in a separate section for the two study states. Cross-state comparisons and general findings are discussed in the concluding section of this chapter.

SATISFACTION AND PREFERENCES IN VIRGINIA

How Well Are Current Arrangements Meeting Parent and Child Needs?

Several related questions were asked of respondents concerning how well the family's needs were met by their current care arrangements. First, parents were asked how well all the regular care arrangements they use meet the needs of each of their school-age children. Then they were asked how well the overall pattern of care they use meets their own needs. Finally, we inquired whether parents were unhappy with anything about the care they are using, and if so, we asked them to specify the problems and concerns. Response options to questions on how well needs were met included extremely well, fairly well, not well, and not at all.

The vast majority of respondents stated that their current child care arrangements met their needs extremely well or fairly well. Fewer than 4 percent reported that their needs were not being met well or were not met at all. Parents tended to feel their children's needs were somewhat better met than their own, however. A comparison of parents' responses on how well their own and their children's needs were met is shown in Exhibit 4.1.

The coincidence of both parents' and children's needs being met by current care arrangements was significant. Nearly 73 percent of the children had parents who believed their own needs were met to the same degree as their children's. (See Exhibit 4.2.) Furthermore, nearly half of the parents felt both their children's and their own needs were extremely well met. The extent of extreme discordance between parents

EXHIBIT 4.1: DISTRIBUTION OF RESPONSES ON HOW WELL NEEDS ARE MET--FOR PARENTS AND CHILDREN: VIRGINIA

Degree to Which Needs Are Met	Percentage of Parents	Percentage of Children
Extremely well	57	65
Fairly well	39	34
Not very well	2	1
Not at all	1	1
Total	100	100

This table should be read as follows: 57% of the parents in Virginia responded that their needs were extremely well met and 65% of the children had parents who responded that their children's needs were extemely well met.

EXHIBIT 4.2: HOW WELL PARENTS' AND THEIR CHILDREN'S NEEDS ARE MET: VIRGINIA

	Parent Needs (in Percentages)			
Child Needs (in percentages)	Extremely Well	Fairly Well	Not Well	Not At All
Extremely Well	48	16	0	1
Fairly Well	7	25	2	0
Not Well	0	0	0	0
Not At All	0	1	0	0
Total (all cells) = 100%.				

In this table, zero is actually greater than zero, but less than 1 percent.

This table can be read as follows: 48% of parents in Virginia felt their children's and their own needs were extremely well met.

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and children's needs being met is very slight as the data below indicate:

PERCENTAGE OF CHILDREN WHOSE PARENTS FELT OWN NEEDS EXTREMELY WELL MET AND CHILDREN'S NEEDS NOT WELL MET: VIRGINIA

Child Needs	Parents' Needs Extremely Well Met
Not well	0
Not at all	.45
Total	.45

PERCENTAGE OF CHILDREN WHOSE PARENTS FELT CHILD NEEDS MET EXTREMELY WELL AND OWN NEEDS NOT WELL MET: VIRGINIA

Parent Needs	Child's Needs Extremely Well Met
Not well	.54
Not at all	.96
Total	1.50

These data indicate that only a few parents feel their children's needs are much better met by current arrangements than their own.

How Well Parents' Needs Are Met By Current Modes of Care

Families using before- and after-school care programs and centers reported having their needs extremely well met with the greatest frequency. Other arrangements meeting many parents' needs well were care by a relative in own home, care in a nonrelative's home, and parent care. The least pleased groups (i.e., those reporting their needs were not well met) were parents regularly using care by self- and/or self- and sibling care, care in a nonrelative's home, and school-based care. The fact that many parents are pleased and some are dissatisfied with care in a nonrelative's home reinforces the findings of previous studies (Prescott-Milich, 1975; Fosburg, et al., 1981) that the quality of family day care varies widely. The same may be true of school-based programs. Exhibit 4.3 illustrates parents' responses to how well their needs were met according to the care arrangement regularly used. More than 90 percent of parents stated that their needs were met by their current arrangements. This type of question does, however, tend to evoke what respondents perceive to be socially acceptable answers. Admitting unhappiness with child care arrangements would probably not be easy for most parents.

Exhibit 4.4 illustrates how well parents thought their children's needs were met by their current care arrangements. For most arrangements, parents tended to report that their children's needs were met somewhat better than their own. This was not the case, however, for care in a nonrelative's home, center-based care, and self- or sibling care. Perhaps some parents feel that children who are receiving care in a nonrelative's home and center care are not getting adequate stimulation. Self- and/or sibling care is the only arrangement for which more than 1 percent of the children's needs are reported not well met. Fully 10 percent of the children in this situation had parents who said their children's needs were not well met or not met at all.

Few parents indicated that they were unhappy with anything about their care arrangements. This finding is further substantiated by the fact that only a few families said they had tried to locate some other care arrangement(s) within the past year. (See Chapter 5.) Among those who did indicate some problems, the most frequently cited were generally perceived consequences rather than particular features of the care arrangements. Not enough time spent with children and lack of stimulating activities for children were the two concerns most frequently mentioned. Cost was mentioned as a factor only for center and public school-based programs. More than 8 percent of parents cited common concerns for only two care modes--care by a nonrelative in own home and center-based care. The most often cited problems associated with each care arrangement are shown in Exhibit 4.5.

EXHIBIT 4.3: HOW WELL PARENTS' NEEDS ARE MET, BY REGULAR CARE ARRANGEMENT: VIRGINIA

	Parent Needs (in percentages)			
Regular Care Arrangement	Extremely Well	Fairly Well	Not Well	Not At All
Parent care	59	38	2	1
Care by relative in own home	60	39	2	0
Care by nonrelative in own home	40	55	5	0
Self- and self- and sibling care	44	49	4	3
Care in relative's home	45	51	3	2
Care in nonrelative's home	56	39	3	2
Center-based care	72	28	0	0
School-based care	68	26	6	0
Activity programs (lessons, recreation, etc.)	50	50	0	0

[1/] Cell percentages are rounded, therefore row totals may not exactly equal 100%.

This table can be read as follows: 59% of parents in Virginia who regularly care for their children felt their needs were extremely well met.

EXHIBIT 4.4: HOW WELL CHILDREN'S NEEDS ARE MET, BY REGULAR CARE ARRANGEMENT: VIRGINIA

	Child Needs (in percentages)			
Child Needs	Extremely Well	Fairly Well	Not Well	Not At All
Parent care	65	34	0	0
Care by relative in own home	65	34	0	0
Care by nonrelative in own home	59	41	0	0
Self- and self-and sibling care	45	46	3	7
Care in relative's home	46	52	1	0
Care in nonrelative's home	55	43	1	0
Center-based care	53	47	0	0
School-based care	75	25	0	0
Activity programs (lessons, recreation, etc.)	89	11	0	0

[1] Cell percentages are rounded, therefore row totals may not exactly equal 100%.

This table should be read as follows: 65% of children in Virginia whose parents regularly provide their own care felt their children's needs were extremely well met by this arrangement.

EXHIBIT 4.5: FEATURES OF REGULAR CARE ARRANGEMENTS THAT PARENTS DISLIKE: VIRGINIA

Regular Care Arrangement	Problem 1/	Percentage Reporting This Problem
Parent care	Constant running	3
Care by relative in own home	--	
Care by nonrelative in own home	Not enough time spent with children	22
	Not enough activities	9
	Constant running	5
Self- and self- and sibling care	Not enough time spent with children	8
Care in relative's home	Lack of discipline	3
Care in nonrelative's home	Not enough time spent with children	3
Center	Cost	9
	Not enough time spent with children	9
School	Not enough time spent with children	3
	Cost	3
	Constant Running	3
Activity programs	--	

1/ Only those problems cited by at least 3% of respondents using a given arrangement are shown.

This chart can be read as follows: 3% of parents in Virginia who regularly care for their children cited constant running as a problem with this arrangement.

Child Needs By Age of Child

Three age categories were used in our analysis of how well children's needs were met by their care arrangements--5 to 8, 9 to 11, and 12 to 14. There was a fairly even distribution in the state across these age categories, with approximately one-third of all children in each category.

A slight relationship appeared between age and how well children's needs were met. The likelihood of reporting that needs were not met well increased with the child's age, as shown below:

Age of Child	Percentage of Children Whose Needs Not Well Met: Virginia
5 to 8	.81
9 to 11	1.01
12 to 14	2.90

These percentages are based on extremely small numbers; however, the more significant fact is that most children's needs were met to some degree regardless of age. Parents of 12- to 14-year-olds did not seem as pleased as did parents of younger school-age children. Only 58 percent of the children 12 to 14 had parents who reported their needs extremely well met, compared to almost 70 percent of the 9- to 11-year-old children and 66 percent of those ages 5 to 8. Problems with this age group could be due to parents feeling their children are too old for formal day care or babysitting arrangements, yet not old enough to be without any adult supervision. During discussions with parents of older children, they frequently mentioned the peer group as a source of concern. Their children "were ok" when alone or with one friend, but when in groups, parents were quite concerned. A discussion of parents' and children's attitudes toward ages and situations when children can be left alone can be found in Chapter 6.

Parent Needs by Household Characteristics

Socio-economic data on respondent households in Virginia were subjected to cross-tabulations with the "parent need" variable. No multivariate analyses were conducted, so the findings reported in this section are intended only to describe the respondent population concerning their feelings of satisfaction with their care arrangements. Explanations of certain responses are beyond the scope of this analysis.

In terms of ethnicity, most of the respondents (81%) were White, although 13 percent were Black. American Indians, Asians and "other" ethnic groups each comprised just over 1 percent of the sample for this state and Hispanic respondents less than 1 percent. This is generally consistent with the State's population; however, the small number of ethnic groups other than Black and White should be considered in the following discussion (i.e., a large percentage, in these cases, represents just a handful of respondents).

With the exception of the small group of Hispanics, and Whites, less than half of the respondents in all other ethnic groups reported having their needs extremely well met. However, most were at least moderately pleased with their current care arrangements, since fewer than 5 percent of Whites and 1 percent of all other groups (except Hispanics) reported problems with having their needs well met. Hispanics reported on the two extreme ends of the continuum, with 75 percent saying their needs were met extremely well and 25 percent saying they were not met at all. (Remember, the Hispanic group is just a few families.) Exhibit 4.6 portrays the ethnic distribution of respondents and the frequency with which they reported their needs extremely well met.

Like ethnicity, the distribution of respondents according to marital status was heavily skewed toward married respondents, which is also consistent with general demographic characteristics. More than 86 percent were married, with divorced or separated the next most frequently occurring status, representing approximately 10 percent of all respondents in the state sample. The small percentages in the other categories--cohabitating, widowed, and never married--make generalizations to these groups risky.

EXHIBIT 4.6: HOW WELL PARENTS' NEEDS ARE MET, BY ETHNICITY: VIRGINIA

Ethnic Group	Percentage of Respondent Population	Percentage Whose Needs Are Extremely Well Met
White	81	62
Black	14	44
Hispanic	0	75
American Indian	2	19
Asian	2	20
Other	1	14

In this table, zero is actually greater than zero, but less than 1 percent.

This table can be read as follows: 62% of Whites in Virginia reported that their needs were met extremely well.

The majority of married respondents stated their needs were extremely well met by their care arrangements. This was the case, however, for only about 40 percent of the divorced or separated and never-married parents and for a very low 15 percent of those who were widowed. If any conclusion can be drawn from this information it is that single parents find it more difficult to obtain optimal care arrangements. These assumptions are supported by discussions with single parents. Although single parents constituted a small proportion of parents interviewed in their homes, they reported that they often had great difficulties "covering all the bases." Job and family responsibilities were met only if standards for both were relaxed, and that wasn't always the case. Single fathers seemed to have broader neighborhood support systems than single mothers, despite both having equal needs. The distribution of families by marital status and the frequency with which needs are met extremely well are shown in Exhibit 4.7.

Respondents are more evenly distributed across the several employment status categories than they are for marital status and ethnicity. Exhibit 4.8 shows respondent distribution and the percentages in each category whose needs were met extremely well.

As expected, families in which one adult is not employed and one is employed express the greatest satisfaction with their care arrangements. (These are most likely care by mother-at-home families.) In contrast, families with one or more adults working part-time seem to experience the greatest difficulty in having their day care needs met. Fewer than 6 percent of the parents in any category, however, reported that their needs were not met well or not met at all.

The distribution of families by income was closer to normal than for any other socio-demographic variable. (See Exhibit 4.9.) Families with incomes above $25,000 most frequently reported that their needs were well met, with one exception. Those with incomes in the $40,000 range were notably less satisfied than those earning between $25,000 to $35,000

EXHIBIT 4.7: HOW WELL PARENTS' NEEDS ARE MET, BY MARITAL STATUS: VIRGINIA

Marital Status	Percentage of Respondent Population	Percentage Whose Needs Are Extremely Well Met
Married	86	61
Divorced or Separated	10	39
Widowed	1	15
Cohabitating	0	50
Never married	3	39

In this table zero is actually greater than zero, but less than 1 percent.

This table should be read as follows: 61% of married respondents in Virginia said their needs are extremely well met by their care arrangements.

EXHIBIT 4.8: HOW WELL PARENTS' NEEDS ARE MET, BY EMPLOYMENT STATUS: VIRGINIA

Working Status of Parents 1/	Percentage of Respondent Population	Percentage Whose Needs are Extremely Well Met
Full-time	39	51
Mixed	41	73
Not working	6	41
Part-time	15	38

1/ Categories of working status were defined as follows: full-time--both parents work full-time or single parent works full-time; mixed--one parent works full-time or part-time and the other parent does not work; not working--both parents not working or a single parent not working; part-time--both parents work part-time, or one works full-time and one works part-time, or a single parent works part-time.

This table should be read as follows: 51% of the families in Virginia with all adults employed full-time felt their needs were extremely well met.

EXHIBIT 4.9: HOW WELL PARENTS' NEEDS ARE MET, BY HOUSEHOLD INCOME: VIRGINIA

Household Income	Percentage of Respondent Population	Percentage Whose Needs Are Extremely Well Met	Percentage Whose Needs Are Met Not Well Or Not At All
$0 - $4,999	7	55	0
5,000 - 9,999	3	30	8
10,000 - 14,999	8	54	6
15,000 - 19,999	12	54	2
20,000 - 24,999	11	58	2
25,000 - 29,999	17	70	1
30,000 - 34,999	11	68	2
35,000 - 39,999	6	54	2
40,000 - 44,999	9	58	18
45,000 - 49,999	7	30	2
50,000+	9	65	0

The two right columns do not total 100% because responses in the "fairly well met" category are omitted.

This table should be read as follows: Of the households in Virginia earning less than $5,000 per year, 55% said their needs were extremely well met and none said they were met not well or not at all.

and over $50,000. About 18 percent of families with incomes of $40,000 to $45,000 reported that their needs were not met well or not met at all. This compares to about 8 percent of families earning $5,000 to $10,000, who were next in the frequency of reported problems. Without further analysis, we cannot explain this seemingly erratic finding. One could guess that many of these families consist of two working adults, one of whom would prefer to stay at home with the children. Not enough of either type of family were included in the in-home sample to shed any further light on this issue.

Population density of the area in which families resided--city, suburb, town or rural area--does not seem to be highly related to how well parents perceive that their needs are met. Residents of rural areas were most likely to respond that their needs were extremely well met and town dwellers least likely. Furthermore, residents of towns more frequently reported that their needs were not well met than those in any other category. Perhaps this is due to problems with transportation or availability of care arrangements outside the home. Satisfaction levels of city, suburb, and rural residents were, however, very similar. (See Exhibit 4.10.)

In summary, Hispanics and Whites, married persons, families with one adult employed and one not employed, middle to upper income families, and those living in rural areas reported with the greatest frequency that their own needs were met extremely well. Those stating their needs were not well met most frequently tended to be Hispanic, divorced or separated parents with one adult employed and one not employed, those earning $40,000 to $45,000 a year, and town dwellers. The seeming inconsistency for families with one adult employed and one not employed may be due to certain respondents in this category wanting to be employed but forgoing this opportunity to be at home with children. The disparity in Hispanic responses is probably an anomaly of the very few families in this category.

How Satisfied Are Parents With Their Current Arrangements for Their School-Age Children?

A single question specifically relating to satisfaction was addressed to parents. Unlike the question on how well parents' needs

EXHIBIT 4.10: HOW WELL PARENTS' NEEDS ARE MET, BY HOUSEHOLD LOCATION: VIRGINIA

Location	Percentage of Respondent Population	Percentage Whose Needs Are Extremely Well Met	Percentage Whose Needs Are Met Not Well Or Not At All
City	31	60	1
Suburb	30	58	7
Town	14	47	9
Rural area	25	61	2

The two right columns do not total 100%, because responses of "fairly well met" are omitted.

This table should be read as follows: 60% of city residents in Virginia said their needs were extremely well met and 1% said their needs were met not well or at all.

were met, this question asks how satisfied respondents are with current arrangements for all school-age children in the household. The four possible responses were very satisfied, somewhat satisfied, not too satisfied, and not at all satisfied. This is very different from asking how well arrangements met respondents' own needs. As we saw with a comparison of parents' responses on how well care arrangements met their own needs versus those of their children, respondents were somewhat more inclined to feel their children's needs were better met than their own. Thus it is not surprising to find that a greater percentage of respondents said they were very satisfied with care arrangements for their children than said their own needs were extremely well met. The degree of difference is puzzling, however, unless the "needs" question carried a broader connotation to parents than the care arrangement itself. Responses to the follow-up question "What were you unhappy with?" would suggest this was the case; most answers centered on perceived consequences of using the particular arrangement rather than actual features of the care. More than 82 percent of parents stated they were very satisfied with their school-age care arrangements, and fewer than 4 percent expressed any dissatisfaction. (This compares to about 58 percent who said their own needs were "extremely well met.")

Satisfaction by Type of Care Used

The majority of parents reported being very satisfied with their arrangements regardless of the type of care they were using. Parents who regularly used care by a relative in their own home were as satisfied, as a group, as those providing parent care. The greatest dissatisfaction occurred for parents using activity programs, care by self- and/or self- and sibling, and center-based care. Exhibit 4.11 shows the extent of satisfaction by type of care.

Following the general question on satisfaction, respondents were asked to specify the features of their care arrangements they liked best and least. The most frequently mentioned problems did not, however, always coincide with the types of care with which greatest dissatisfaction was expressed. For example, parents reported the least satisfaction with activity programs, self- and sibling care, and center programs. However, a high proportion (42%) of those regularly using school-based care said

EXHIBIT 4.11: PARENT SATISFACTION BY TYPE OF REGULAR CARE: VIRGINIA

	Parent Satisfaction 1/	
Regular Care Arrangement	Percentage Very Satisfied	Percentage Not Too and Not at All Satisfied
Parent care	84	3
Care by relative in own home	84	1
Care by nonrelative in own home	79	5
Self- and self- and sibling care	59	16
Care in relative's home	79	0
Care in nonrelative's home	76	2
Center-based care	81	9
School-based care	77	0
Activity program	73	21

1/ Rows do not add to 100% because responses in the "somewhat satisfied" category are omitted.

This table should be read as follows: 84% of the parents in Virginia who regularly care for their children were very satisfied with this arrangement and 3% were not too or not at all satisfied.

they had problems with supervision and discipline. One-third of all parents using centers reported problems with cost, and nearly 30 percent of those who used activity programs felt they were inconvenient and costly. A similar proportion of those who regularly had their children caring for themselves expressed concerns about supervision and not being home with their children.

Parents who were using center- and school-based programs tended to be more definite about features they liked than those using other types of care. Forty-four percent of those using centers were happy about the educational activities offered. More than half of those using school-based programs liked the parent involvement and 15 percent liked the educational activities. Interestingly, 40 percent of parents whose children cared for themselves said that this arrangement fostered independence and 16 percent mentioned the lack of cost as a positive aspect. In contrast, only 38 percent of parents regularly providing their children's care themselves mentioned that they liked being at home with the children. Many parents were pleased with certain aspects of activity programs--31 percent said the child was happy with the arrangement, 46 percent liked the parental involvement, and 23 percent liked the convenience. The most frequently mentioned positive and negative features for each type of care are illustrated in Exhibit 4.12. Note most parents in this study were happy with their care arrangements in general. During the in-home interview, few parents complained about those aspects of care they could control. Parents were also frequently more optimistic about the success and effectiveness of the arrangements than were their children.

Satisfaction by Household Characteristics

We attempted to determine the socio-economic characteristics of families who were most and least satisfied with their care arrangements. Very satisfied households are, as expected, similar to those who reported their needs extremely well met. Whites reported satisfaction with greater frequency than Hispanics, however. In fact, the Hispanic response rate of 75 percent in this category was consistent with its rate on needs being met extremely well. American Indians were the least satisfied group, with fully 62 percent reporting being somewhat or

EXHIBIT 4.12: FEATURES LIKED AND DISLIKED BY REGULAR USERS OF EACH TYPE OF CARE: VIRGINIA

Regular Care Arrangements	Most Frequently Cited Positive Features		Most Frequently Cited Negative Features	
Parent care	Being home with children	38%	--	
	Supervision	16%		
Care by relative in own home	Parent involved	29%	--	
	Child is happy	22%		
Care by non-relative in own home	Child is happy	32%	Child's well-being	30%
Care by self and self and sibling	Fosters independence in child	40%	Not home with children enough	26%
	Cost	16%	Supervision	21%
Care in relative's home	Convenience	28%	--	
	Supervision	17%		
Care in non-relative's home	Convenience	25%	Not home enough with children	17%
	Cost	23%		
Center-based care	Educational activities	44%	Cost	28%
	Supervision and discipline	37%	Inconvenience	16%
	Convenience	28%		
School-based care	Parent involved	51%	Supervision and discipline	40%
	Educational activities	15%		
Activity program	Parent involved	46%	Inconvenience	23%
	Child is happy	31%	Cost	23%
	Convenience	23%		

Only those features stated by at least 15% of the respondents using a given mode are reported.

This table should be read as follows: 38% of the parents in Virginia regularly caring for their children said they liked being home with the children and fewer than 15% stated any common negative feature of this arrangement.

very dissatisfied, similar to their response on the "needs" question. (Note, however, that American Indians constituted only 2 percent of the weighted population.)

Married respondents were most often very satisfied, and widowed and divorced or separated persons were least likely to be satisfied. Fully 28 percent of those who were widowed (also a small number of families) reported dissatisfaction with their children's care arrangements.

Population density of area of residence was not related to parents' degree of satisfaction. The proportion of parents reporting satisfaction varied by less than 7 percentage points among the residential categories--city, suburb, town, or rural area. Of those reporting dissatisfaction, suburbanites were most frequent, at about 5 percent.

With regard to employment status, families with all adults working full-time were least likely to report that they were very satisfied with their children's care arrangements, although only 4 percent reported problems with care. Those families with one adult employed and one not employed expressed satisfaction with the greatest frequency.

Families with middle and upper incomes reported satisfaction most often. Those who most frequently expressed dissatisfaction were earning between $15,000 and 20,000 per year. Many of these are likely to be single adult families, who, as noted earlier, seem to be more dissatisfied than two-adult households. Exhibit 4.13 shows the characteristics of families reporting the greatest and least satisfaction with their current care arrangements.

Do Parents Prefer Other Care Arrangements? [1]

Parents were asked what kind of arrangement, if any, they would prefer over the current mode for each of their school-age children.

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[1] All of the preference data are based on children rather than households. This is because respondents were asked their preferred mode of care for each child.

EXHIBIT 4.13: TYPES OF HOUSEHOLDS WITH THE GREATEST AND LEAST SATISFACTION WITH CARE ARRANGEMENTS: VIRGINIA

Household Characteristics	Percentage Reporting Very Satisfied [1]
White	85
Married	85
One adult employed, one not employed	91
Annual income $25,000 to 30,000 or 45,000 to 50,000	92
Household Characteristics	**Percent Reporting Some Dissatisfaction**
American Indian	62
Widowed	28
All adults employed full-time	4
Annual income $15,000 to 20,000	11

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[1] Represents only those reporting most frequently.

This table should be read as follows: 85% of Whites in Virginia reported being "very satisfied" with their current care arrangements; 62% of American Indians in Virginia said they were somewhat or very dissatisified with current arrangements.

Responses to this question were coded into one or more of the 17 modes of care discussed earlier in Chapter 3. The resulting data, like those relating to meeting children's needs, referred to the child rather than the parent.

Dissatisfaction with current care arrangements does seem to be related to having a preference for other modes of care. Almost 73 percent of children had parents who voiced no preference other than the mode of care they are currently using; this is similar to the proportion of parents who are very satisfied with their care arrangements. Of those who did have a preference, care by mother was the most frequently cited choice--for about 5 percent of the children. The next favored mode was public school-based programs--for more than 4 percent of the children. Least mentioned as preferred modes were preschool center, combination center, self-care, care by father, and care by both parents. Exhibit 4.14 lists the preferred arrangements for all children.

Preference by Satisfaction

The relationship between satisfaction and having a preference is illustrated below:

Degree of Satisfaction with Current Care Arrangements	Percentage of Children Whose Parents Voiced a Preference
Very satisfied	19
Somewhat satisfied	53
Not too satisfied	98
Not at all satisfied	93

Among parents who were very satisfied and still stated a preference, care by mother, public school-based programs and community recreation programs were cited most often. Mother care was also preferred by more parents who were moderately satisfied with their current care than

EXHIBIT 4.14: PERCENTAGE OF ALL CHILDREN WHOSE PARENTS PREFERRED OTHER THAN THE CURRENT CARE ARRANGEMENT: VIRGINIA

Preferred Care Arrangement	Percentage of All Children Whose Parents Indicated a Preference For This Arrangement
Care by mother	5
Care by father	0
Care by both parents	0
Self-care	0
Care by other relative in own home	2
Care by nonrelative in own home	2
Care in relative's home	2
Care in nonrelative's home	1
Pre-school center	0
School-age center	2
Combination center	0
Public school-based program	4
Private school-based program	1
Community recreation	3
Activities, lessons, etc.	1
Other	1

1% responded "don't know"; 73% had no preference other than mode currently using.

In this table zero is actually greater than zero, but less than 1 percent.

This table should be read as follows: 5% of all children in Virginia had parents who would prefer care by mother to their current arrangement.

any other arrangement. A substantial proportion (65%) of children whose parents were not too satisfied (a very small number) had parents who favored care in a relative's home. Parents who were not at all satisfied tended to prefer public school care programs. Exhibit 4.15 shows the most frequently cited preferences by degree of parent satisfaction.

Preference by Current Care Arrangements

Most of the analyses of preferences for other modes of care relied on all modes included in the questionnaire so that greater specificity in the description of preferences could be obtained. The analysis of preferences by current mode used, however, uses the collapsed modes, denoting regular usage of a particular care arrangement.

Parents whose children were regularly using care by a relative in own home, parent care, center-based care, and school-based care were least likely to state a preference for another arrangement. Self-care was the least favored mode, in that only 40 percent of children with this arrangement had parents who did not prefer another type of care. This was also the case for only one-half of the children who were in regular care by a relative in his or her own home.

As noted previously, parent care was the most frequently stated preference. Sixteen percent of children who were in care in a relative's home preferred center care, and 11 percent of those in care in a nonrelative's home had parents who preferred activity programs. Interestingly, 40 percent of the children who used activity programs had parents who would choose care in a relative's home. The most frequently stated preferences for children of regular users of each care arrangement are listed in Exhibit 4.16.

Preference by Age of Child

Parents of children who are 9 to 11 years old are least likely to prefer another care arrangement, and parents of those who are 12 to 14 years old are most likely. This might be related to the fact

EXHIBIT 4.15: PREFERRED CARE ARRANGEMENTS BY DEGREE OF SATISFACTION WITH CURRENT CARE: VIRGINIA

Degree of Satisfaction	Most Frequently Cited Preferences	Percentage of Children Whose Parents Cited These Preferences
Very satisfied	Mother care	3
	Public school-based care	3
	Community recreation	3
Moderately satisfied	Mother care	15
	Care by other relative in own home	10
	Public school-based care programs	9
Not too satisfied	Care in relative's home	65
	Mother care	13
	Care by nonrelative in own home	8
Not at all satisfied	Public school-based program	56
	Private school-based program	16
	Community recreation	8
	Care by nonrelative in own home	8

This table should be read as follows: 3% of the children in Virginia whose parents were very satisfied with their current arrangement had parents who stated a preference for mother care.

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EXHIBIT 4.16: PREFERRED CARE BY CURRENT REGULAR ARRANGEMENT: VIRGINIA

Current Regular Care Arrangement	Preferred Care Arrangements 1/	Percentage of Children Whose Parents Prefer These Modes
Parent care	--	
Care by relative in own home	Parent care	7
	Activity program	6
Care by nonrelative in own home	Parent care	14
	Activity program	12
Self- and self- and sibling care	Parent care	23
	School	11
	Activity program	7
Care in relative's home	Center	16
	Parent care	12
	Activity program	9
Care in nonrelative's home	Activity program	11
	Parent care	10
	Center	9
Center-based care	In relative's home	9
	School	9
	Activity program	9
School-based care	Parent care	13
Activity program	In relative's home	40

1/ Only those arrangements that were preferences for at least 5% of the children whose parents regularly used a particular arrangement are stated.

This table should be read as follows: 7% of the children in Virginia whose parents use care by a relative in their own home had parents who would prefer parent care.

that older children are more likely to be found in self-care, an arrangement with which a fair proportion of parents expressed dissatisfaction. The proportion of children whose parents stated a preference by age of child is shown below:

Age of Child	Percentage of Children Whose Parents Had a Preference
5 to 8	28
9 to 11	21
12 to 14	34

Somewhat surprisingly, the desire for care by mother increases with the age of the child. Mother care was the preferred mode for about 7 percent of the 12 to 14 year-old children, about 5 percent of the 9 to 11 year-olds and about 3 percent of the 5-8 year-olds. Perhaps this is related to a perception by some parents that "day care" is inappropriate for older children. There are also very slight increases in the preference for self-care and care in a nonrelative's home with the increase in child's age. The reverse trend is true for all three types of centers--preschool, school-age, and combination. The most frequently preferred arrangements by age of child are illustrated in Exhibit 4.17.

Preference by Location

Because both satisfaction and how well parents' needs were met were analyzed by household characteristics, and because there is a strong relationship between satisfaction and having a preference, preferences were not analyzed by household characteristics, with one exception. It seemed that the type of preference might be influenced by the kind of area in which families resided--city, suburb, town, or rural area--so preferences were examined by household location.

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EXHIBIT 4.17: PREFERRED CARE ARRANGEMENTS BY AGE OF CHILD: VIRGINIA

Age of Child	Preferred Care Arrangements	Percentage of Children Whose Parents Preferred These Modes
5 to 8	School-age center	5
	Public school-based care	4
	Care by other relative in own home	3
9 to 11	Public school-based care	5
	Care by mother	5
	Community recreation	3
12 to 14	Care by mother	7
	Community recreation	4
	Public school-based care	3
	Care by other relative in own home	3
	Care by nonrelative in own home	3

[1] Only those preferences given for at least 2% of the children in an age category are shown.

This table should be read as follows: 5% of the 5 to 8-year-old children in Virginia had parents who would prefer school-age center to their current care arrangements.

Suburbanites were most likely and city residents were least likely to state preferences. It is difficult to explain why city dwellers as a group are more satisfied with their current care arrangements. Perhaps the proximity or convenience of care might influence their satisfaction. Our discussions with parents in their homes indicated the importance of support networks (i.e., neighbors who understand parents' needs and can occasionally assist with child care), and it may be easier in densely-populated areas to have support groups for assistance.

There were few patterns in type of care arrangement preferred by residential location. Care in a relative's home is preferred over mother care for more children of city dwellers. Public school-based programs are the favored mode for children of suburbanites. Town residents prefer care by a relative in their own home more frequently than other arrangements for their children. Exhibit 4.18 lists the most frequently stated preferences by household location.

In summary, parents seem to prefer their own care over any other arrangement, regardless of age of child and the type of care they are currently using. The vast majority of children did not have parents who stated any preference, indicating a high level of satisfaction with current care arrangements.

SATISFACTION AND PREFERENCES IN MINNESOTA

How Well Are Current Arrangements Meeting Parent and Child Needs?

Several related questions were asked of respondents concerning how well the family's needs were met by their current care arrangements. First parents were asked how well all the regular day care arrangements they use meet the needs of each of their school-age children. Then they were asked how well the overall pattern of care they use meets their own needs. Finally, we inquired whether parents were unhappy with anything about the care they are using, and if so, we asked them to specify the

EXHIBIT 4.18: PREFERRED CARE ARRANGEMENTS BY HOUSEHOLD LOCATION: VIRGINIA

Household Location	Preferred Care Arrangements 1/	Percentage of Children Whose Parents Preferred These Modes
City	Care in relative's home	6
	Community recreation	4
	Care by mother	3
Suburb	Public school-based care	10
	Care by mother	8
	Care by nonrelative in own home	6
	Community recreation	2
Town	Care by relative in own home	9
	School-age center	5
	Community recreation	2
	Public school-based care	2
	Care in nonrelative's home	2
Rural Area	Care by mother	6
	Activity program	4
	Public school-based care	4
	Community recreation	4
	Care by relative in own home	3

[1/] Only those preferences given for more than 2% of the children in a particular location are shown.

This table should be read as follows: 6% of the children in Virginia whose parents lived in a city had parents who would prefer care in a relative's home to their current arrangement.

problems and concerns. Response options to questions on how well needs were met included extremely well, fairly well, not well, and not at all.

The majority of parents indicated that their current care arrangements are meeting their own needs extremely well. One mother of a 6-year-old boy summed up this feeling by saying her child's family day care home gave her "peace of mind" and allowed her to concentrate on her job without worry. Fewer than 5 percent reported that their needs were not being met well or were not met at all. This finding is not unexpected since parents tend to sacrifice their own convenience when necessary to make satisfactory arrangements for their children. To support this conclusion further, a slightly larger percentage of children than parents themselves were reported to have their needs met extremely well. A comparison of these responses can be made by reviewing Exhibit 4.19. Overall, parents seem to respond that their current care arrangements meet their own needs.

The coincidence of both parents' and children's needs being met by current care arrangements was very high. (See Exhibit 4.20.) Almost 74 percent of the children had parents who believed their own needs were met to the same degree as their children's needs. Moreover, a majority of parents felt both their own and their children's needs were extremely well met. In terms of extreme discordance between parents' and children's needs, the data below show that this was the case for only a few children:

PERCENTAGE OF CHILDREN WHOSE PARENTS FELT OWN NEEDS EXTREMELY WELL MET AND CHILDREN'S NEEDS NOT WELL MET: MINNESOTA

Child Needs	Parents' Needs Extremely Well Met
Not well	00.07
Not at all	00.26
Total	00.33

EXHIBIT 4.19: DISTRIBUTION OF RESPONSES ON HOW WELL NEEDS ARE MET--FOR PARENTS AND CHILDREN: MINNESOTA

Degree to Which Needs Are Met	Percentage of Parents	Percentage of Children
Extremely Well	62	68
Fairly Well	36	29
Not Well	2	2
Not At All	0	1
Total	100	100

In this table, zero is actually greater than zero but less than 1%.

This table should be read as follows: 62% of the parents in Minnesota responded that their needs were extremely well met and 68% of the children had parents who responded that their children's needs were extremely well met.

EXHIBIT 4.20: HOW WELL PARENTS' AND THEIR CHILDREN'S NEEDS ARE MET: MINNESOTA

	Parent Needs (in percentages)			
Child Needs (in percentages)	Extremely Well	Fairly Well	Not Well	Not At All
Extremely Well	53	12	3	0
Fairly Well	9	20	0	0
Not Well	0	1	0	0
Not At All	0	1	0	0
Total (all cells) = 100%.				

In this table, zero is actually greater than zero, but less than 1%.

This table can be read as follows: 53% of parents in Minnesota felt their children's needs and their own needs were met extremely well.

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This table shows that only one-third of 1 percent of the parents who felt their own needs were extremely well met felt their children's needs were not well met.

PERCENTAGE OF CHILDREN WHOSE PARENTS FELT OWN NEEDS EXTREMELY WELL MET AND CHILDREN'S NEEDS NOT WELL MET: MINNESOTA

Parent Needs	Child's Needs Extremely Well Met
Not well	4.66
Not at all	0.00
Total	4.66

These data indicate that only a few parents feel their children's needs are much better met by existing care arrangements than their own.

How Well Parents' and Children's Needs Are Met By Current Modes of Care

Families using before- and/or- after school care programs and activity programs reported with the greatest frequency having their needs extremely well met. On the other hand, users of school-based care also more frequently reported that their needs were not well met than users of any other mode except care in a relative's home. These disparate responses may be related to very different programs in different schools, or to certain parents having high expectations for these programs that were not met. Some parents were clearly enthusiastic about their children's school-based programs. One mother indicated that the cost ($30 a week) was well worth the price and that she would continue using this form of care even if the price increased. Indeed, this mother was delighted that her younger son would be eligible for enrollment in the upcoming school year. She was especially pleased with the activities available for the children--they were well-rounded, challenging, and offered a balance between structured and unstructured play. As she put it, the "kids had a chance to be just kids." In contrast, the mother of an 8-year-old girl was not displeased with her daughter's school-based program, but found the hours of operation and the age mix of children to be problems. The school program lasted until 5:30 p.m., but by 5 p.m. her daughter was often the only child left waiting to be picked up. This mother was especially concerned because she was just recently promoted, which will mean longer hours and potential difficulties with child care. The daughter also indicated that the younger children in the program got more attention and that there were very few children her own age to play with. Exhibit 4.21 illustrates parents' responses to how well their needs were met according to the mode of care regularly used.

Exhibit 4.22 illustrates how well parents thought their children's needs were met by their current care arrangements. For most arrangements, parents tended to report that their children's needs were slightly better met than their own. This was not the case, however, for care by a relative in the child's own home or for self- and sibling care. With these two types of arrangements, some parents may put more importance on their own convenience than on meeting their children's needs. However, for all arrangements, at least 94 percent of the children's needs were being met at least fairly well. By contrast, 14 percent of the parents using school-based care and care in a relative's home felt their own needs were not being well met.

More than half of all regular users of only three care modes--school, parent and in relative's home--report having their needs extremely well met. For users of all modes, however, on the average, 90 percent indicated that their needs were at least fairly well met. Especially noteworthy is that parents using self- and/or self- and sibling care did not seem displeased with that arrangement. Families who regularly used care in a relative's home and school-based care reported problems with the greatest frequency. The majority of center users report having their needs met fairly well, but only 12 percent said needs met fairly well, but only 12 percent said their needs are met extremely well. Perhaps this is because parents have high expectations for center programs or because of its expense when compared with other types of care.

Few parents expressed unhappiness with anything about their care arrangements. This finding is further substantiated by the fact that

EXHIBIT 4.21: HOW WELL PARENTS' NEEDS ARE MET, BY REGULAR CARE ARRANGEMENT: MINNESOTA

Regular Care Arrangement	Parent Needs (in percentages)[1]			
	Extremely Well	Fairly Well	Not Well	Not At All
Parent care	64	34	2	0
Care by relative in own home	40	58	2	0
Care by nonrelative in own home	49	46	5	0
Self- and self- and sibling care	49	46	4	1
Care in relative's home	56	31	13	0
Care in nonrelative's home	49	49	2	0
Center-based care	17	77	6	0
School-based care	76	11	13	0
Activity programs (lessons, recreation, etc.)	74	26	0	0

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[1] Cell percentages are rounded, therefore row totals may not exactly equal 100 percent.

This table can be read as follows: 64% of parents in Minnesota who regularly care for their children felt their needs were extremely well met.

EXHIBIT 4.22: HOW WELL CHILDREN'S NEEDS ARE MET, BY REGULAR CARE ARRANGEMENT: MINNESOTA

Regular Care Arrangement	Child Needs (In Percentages)[1/]			
	Extremely Well	Fairly Well	Not Well	Not At All
Parent care	71	26	1	2
Care by relative in own home	37	62	1	0
Care by nonrelative in own home	82	18	0	0
Self- and self- and sibling care	42	55	3	0
Care in relative's home	55	45	0	0
Care in nonrelative's home	48	49	3	0
Center-based care	28	67	6	0
School-based care	85	14	1	0
Activity programs (lessons, recreation, etc.)	74	26	0	0

[1/] Cell percentages are rounded, therefore row totals may not exactly equal 100%.

This table should be read as follows: 71% of children in Minnesota whose parents regularly provide their own care felt their children's needs were extremely well met by this arrangement.

only a few families said they had tried to locate some other care arrangement(s) within the last year. Among those who did, the most frequently cited problems were generally perceived consequences rather than features of the actual care arrangement. Lack of supervision or discipline and not enough time spent with children were the two most frequent complaints. One mother objected to her children watching television all the time at their family day care home. Another was unhappy that the older children in a day care home were being used to watch the younger children. Another mother recognized the difficult nature of the situation; as she said, "you are never totally satisfied with the way someone else takes care of your child." Cost was only mentioned as a problem relative to center-based care, and, surprisingly, care in a relative's home. Interestingly, parents did not cite problems or concerns with danger or getting into trouble for children who are regularly in self- and/or sibling care. There were only three care modes for which more than 10 percent of the parents cited common concerns--care in a relative's home, care in a nonrelative's home, and activity programs. The most frequently cited problems associated with each care mode are shown in Exhibit 4.23.

Child Needs By Age of Child

Three age categories were used in our analysis of how well children's needs were met by their care arrangements--5 to 8, 9 to 11, and 12 to 14. There was a fairly even distribution in the state across these age groupings, with approximately one-third of all children in each category.

A definite relationship exists between age of the children and how well parents said their children's needs were met. The likelihood of needs being well met increased with children's age, as shown below:

Age of Child	Percentage of Children Whose Needs Are Extremely Well Met: Minnesota
5 to 8	64
9 to 11	67
12 to 14	72

EXHIBIT 4.23: FEATURES OF REGULAR CARE ARRANGEMENTS THAT PARENTS DISLIKE: MINNESOTA

Regular Care Arrangement	Problem 1/	Percentage Reporting This Problem
Parent care	Lack of time for self	3
	Lack of discipline	3
Care by relative in own home	Not enough time spent with children	7
	Lack of discipline	4
Care by nonrelative in own home	Lack of time for self	5
Self- and self- and sibling care	Lack of supervision	9
	Parents not home with children	5
	Not enough activities for children	3
Care in relative's home	Not enough time spent with children	13
	Cost	6
Care in nonrelative's home	Lack of discipline	11
Center	Not enough activities for children	6
	Cost	6
School	Lack of time for self	9
	Not enough time spent with children	4
	Lack of supervision and discipline	3
Activity program	Lack of supervision	11

1/ Only those problems cited by at least 3% of respondents using a given arrangement are shown.

This chart can be read as follows: 3% of parents in Minnesota who regularly care for their children cited lack of time for themselves as a problem with this arrangement.

More children in the 9 to 11 age group (5%), however, did not have their needs met well than in the 5 to 8 (3%) or 12 to 14 (2%) categories.

Problems with this middle age group could be due to certain parents feeling their children need more stimulating activities than younger children, yet are not mature enough for unsupervised situations. Parents also worried about their older children getting into more serious trouble, such as sex or drugs. A single mother of two 13-year-old daughters felt that as children got older it was even more important for the parent to be around more. This sentiment was echoed by another divorced woman with a 12-year-old son and a 13-year-old daughter. She pointed out that as children enter their teens, they need supervised programs even more, but at this same age the children are let out of school earlier and are on their own more. A discussion of parents' and children's attitudes toward ages and situations when children can be left alone is in Chapter 6.

Parent Needs by Household Characteristics

Socio-economic data on respondent households in Minnesota were subjected to cross-tabulations with the "parent need" variable. No multivariate analyses were conducted, so the findings reported in this section are intended only to describe the respondent population relative to their feelings of satisfaction with their care arrangements. Explanations of certain responses are beyond the scope of this analysis.

In terms of ethnicity, most (95%) of the respondents were White. American Indians and Asians comprised just over 2 percent of the sample for this state, and Black, Hispanic and other ethnic groups accounted for less than 1 percent each. This is consistent with the overall population in Minnesota. The small number of minorities should be considered in the following discussion (i.e., a large percentage represents just a handful of individuals for all ethnic groups but White).

The Blacks in the sample reported experiencing problems in having their needs met with greater frequency than any other group. Only about

29 percent said their needs were extremely well met, and a similar percentage said that their needs were not well met. By comparison, only 2 percent of Whites, the group with the next highest frequency of reported problems, stated their needs were not well met. Exhibit 4.24 portrays the ethnic distribution of respondents and the frequency with which they reported their needs extremely well met.

Like ethnicity, the distribution of respondents according to marital status was heavily skewed toward married respondents; this is also consistent with general demographic characteristics. More than 90 percent were married, with divorced or separated the next most frequently-occurring status, representing approximately 7 percent of all respondents in the state sample. The small percentages in the other categories--cohabitating, widowed, and never married--make generalizations to these groups risky.

The majority of married respondents stated their needs were extremely well met by their care arrangements. This was the case, however, for only about one-half of the divorced or separated parents, and for only about one-quarter of the widowed respondents and for none of those who were never married. If any conclusions can be drawn from this information, it seems that single-adult households find it more difficult to obtain optimal child care arrangements. One single mother discussing her feelings toward the self-care situation of her children stated: "When two parents are together there is less guilt about leaving kids on their own--among other things. Single parents feel more guilt about everything." The distribution of households by marital status and the frequency with which their needs are extremely well met are shown in Exhibit 4.25.

Respondents are more evenly distributed across the several employment status categories--all adults working full-time; one adult employed, one not; no adult(s) employed; and other (e.g., all adults employed part-time)--than they are for marital status and ethnicity. Exhibit 4.26 illustrates respondent distribution and the percentage in each category whose needs were extremely well met. As expected, families in which all adults are employed full-time seem to report the greatest difficulty in having their needs well met. In contrast, those with no

EXHIBIT 4.24: HOW WELL PARENTS' NEEDS ARE MET, BY ETHNICITY: MINNESOTA

Ethnic Group	Percentage of Respondent Population	Percentage Whose Needs Are Extremely Well Met
White	97	61
Black	0	29
Hispanic	0	100
American Indian	1	88
Asian	1	100
Other	1	100

In this table, zero is actually greater than zero, but less than 1%.

This table should be read as follows: 61% of White respondents in Minnesota reported that their needs were extremely well met.

EXHIBIT 4.25: HOW WELL PARENTS' NEEDS ARE MET, BY MARITAL STATUS: MINNESOTA

Marital Status	Percentage of Respondent Population	Percentage Whose Needs Are Extremely Well Met
Married	90	64
Divorced or Separated	7	50
Widowed	1	24
Cohabitating	0	100
Never Married	1	0

In this table, zero is actually greater than zero, but less than 1%.

This table should be read as follows: 64% of married respondents in Minnesota felt their needs were extremely well met.

EXHIBIT 4.26: HOW WELL PARENTS' NEEDS ARE MET, BY EMPLOYMENT STATUS: MINNESOTA

Working Status of Parents 1/	Percentage of Respondent Population	Percentage Whose Needs Are Extremely Well Met
Full-time	28	52
Mixed	41	67
Not working	5	79
Part-time	26	60

1/ Categories of working status were defined as follows: full-time--both parents work full-time or a single parent works full-time; mixed--one parent works full-time or part-time and the other parent does not work; not working--both parents not working or a single parent not working; part-time--both parents work part-time, or one parent works part-time and one works full-time, or a single parent works part-time.

This table should be read as follows: 52% of the families in Minnesota with all adults employed full-time felt their needs were extremely well met.

employed adults report the greatest satisfaction, which probably implies parent care. Families with one adult employed and one not are most likely mother-at-home situations, where parent care is probably also the predominant mode. In general, satisfaction seems to be related to the presence of an adult in the household to care for children, and therefore is probably also related to employment status.

The distribution of families by income was closer to normal than for any other sociodemographic variable. (See Exhibit 4.27.) A noteworthy trend emerges when income is crossed with "parent needs." Those at the higher and lowest income levels report with the greatest frequency having their needs met extremely well. Middle and lower income households most frequently stated their needs were not well met. (See Exhibit 4.27.) One could hypothesize that these families probably consist of either a single working adult or two working parents, which, as shown above, seems to be negatively related to satisfaction with care arrangements.

Location of respondent households--in city, suburb, town, or rural area--also seems to be somewhat related to parents' satisfaction with care arrangements. Overall, as population density increases, satisfaction decreases. This finding should be viewed with caution, however, as other family characteristics such as marital status and employment status can be highly related to location. Typically rural areas are populated more than urban areas by married households with mother-at-home. Interestingly, among the small percentage of respondents who reported their needs not well met, the residents of more sparsely-populated areas predominated. Transportation to care arrangements could affect these families' attitudes. School closings and busing also contributed to transportation difficulties associated with school-based programs. During in-home interviews with families in urban and suburban areas in Minnesota, several respondents indicated an interest in enrolling their children in a school-based program, but were unable to or unhappy with the arrangement because the school was not convenient to the home or to the child's regular day school. Exhibit 4.28 illustrates the trends in satisfaction by location.

EXHIBIT 4.27: HOW WELL PARENTS' NEEDS ARE MET, BY HOUSEHOLD INCOME: MINNESOTA

Household Income	Percentage of Respondent Population	Percentage Whose Needs Are Extremely Well Met	Percentage Whose Needs Are Met Not Well Or Not At All
$0 - $4,999	1	68	6
5,000 - 9,999	5	62	5
10,000 - 14,999	11	61	4
15,000 - 19,999	8	58	1
20,000 - 24,999	15	62	2
25,000 - 29,999	14	57	5
30,000 - 34,999	12	60	7
35,000 - 39,999	8	39	2
40,000 - 44,999	10	68	1
45,000 - 49,999	4	67	0
50,000+	12	62	0

The two right columns do not total 100% because responses in the "fairly well met" category are omitted.

This table should be read as follows: Of the households in Minnesota earning less than $5,000 per year, 68% said their needs were extremely well met and 6% said their needs were met not well or not at all.

EXHIBIT 4.28: HOW WELL PARENTS' NEEDS ARE MET, BY HOUSEHOLD LOCATION: MINNESOTA

Location	Percentage of Respondent Population	Percentage Whose Needs Are Extremely Well Met	Percentage Whose Needs Are Met Not Well Or Not At All
City	24	57	1
Suburb	24	59	2
Town	17	62	4
Rural Area	35	66	3

The two right columns do not total 100% since responses "fairly well met" are omitted.

This table should be read as follows: 57% of city residents in Minnesota said their needs were extemely well met and 1% said their needs were met not well or not at all.

In summary, Whites, married persons, families with at least one adult not working, upper income families, and those living in rural areas reported that their own needs regarding care arrangements were extremely well met with the greatest frequency. Those stating their needs were not well met most frequently tended to be Black, living in single adult households, living in families in which all adults are employed, in the middle income group, and living in towns.

How Satisfied Are Parents With Their Current Arrangements for Their School-Age Children?

A single question specifically relating to satisfaction was addressed to parents. Unlike the question on how well parents' needs were met, this question asks how satisfied the respondent is with current arrangements for all school-age children in the household. The four possible responses were very satisfied, somewhat satisfied, not too satisfied, and not at all satisfied. This is very different than asking how well arrangements met parents' own needs. As we saw with a comparison of parents' responses on how well care arrangements met their own needs versus those of their children, parents were somewhat more inclined to feel their children's needs were better met than their own. Thus it is not surprising to find that a greater percentage of respondents said they were very satisfied with care arrangements for their children than said their own needs were met extremely well. The degree of difference is puzzling, however, unless the "needs" question carried a broader connotation to respondents than the care arrangement itself. Responses to the follow-up question "What were you unhappy with?" would suggest this was the case; most answers centered on perceived consequences of using the particular arrangement rather than actual features of the care. More than 87 percent of parents stated they were very satisfied with their school-age care arrangements, and fewer than one percent expressed any dissatisfaction. (This compares to about 62 percent of parents who said their own needs were extremely well met.)

Satisfaction by Type of Care Used

The majority of parents reported being very satisfied with their care regardless of the type of care arrangements they were regularly using. Parents who regularly care for their own children and those who use activity programs were the most satisfied groups. More than 80 percent of parents using school-based programs and care in a relative's home said they were very satisfied. The greatest dissatisfaction occurred for parents using care in a relative's home. Exhibit 4.29 shows the extent of satisfaction by type of care.

Following the general question on satisfaction, parents were asked to specify the features of their care arrangements they liked least and best. The most frequently mentioned problems did not, however, coincide with the types of care for which greatest dissatisfaction was reported. For example, no more than 6 percent of those regularly using care in a relative's home cited a particular problem. In contrast, more parents using care by a nonrelative in their own home (40%) than those using any other type of arrangement cited negative features of that arrangement. These parents disliked not being home with their children and the lack of stimulating activities. Twenty-seven percent of those using care by self and/or sibling also reported a concern about not being home enough with their children and 26 percent reported concern about the lack of supervision. Cost was a problem for 23 percent of center users.

A high proportion of parents using center and school-based programs reported features they liked about their care arrangements. Eighty-three percent of regular center users liked the educational activities and 53 percent liked the convenience. Among parents using school-based programs, more than one-third cited parent involvement as a positive feature, and 26 percent noted that the child was happy with the program. Over half of the parents providing care for their own children specifically said they liked the fact that they were home with the children, and a large percentage of families using in-home care said the child was happy with the situation. With regard to care by self or sibling, a fair number (29%) felt it fostered independence in the child and 15 percent said the child was happy with the arrangement. The most frequently mentioned positive and negative features according to parents who regularly use each type of care are shown in Exhibit 4.30.

EXHIBIT 4.29: PARENT SATISFACTION BY TYPE OF REGULAR CARE: MINNESOTA

Regular Care Arrangement	Parent Satisfaction 1/	
	Percentage Very Satisfied	Percentage Not Too Satisfied or Not At All Satisfied
Parent care	90	6
Care by relative in own home	73	4
Care by nonrelative in own home	76	5
Self- and self- and sibling care	63	2
Care in relative's home	81	13
Care in nonrelative's home	62	4
Center-based care	71	0
School-based care	85	1
Activity program	90	0

1/ Rows do not total 100% because responses in the "somewhat satisfied" category are omitted.

This table should be read as follows: 90% of the parents in Minnesota who regularly care for their children were very satisfied with this arrangement and none reported being not too satisfied or not at all satisfied.

EXHIBIT 4.30: FEATURES LIKED AND DISLIKED BY REGULAR USERS OF EACH TYPE OF CARE: MINNESOTA

Regular Care Arrangement	Most Frequently Cited Positive Features	Most Frequently Cited Negative Features
Parent care	Being home with children (52%) Child is happy (16%)	Inconvenient (15%) Good supervision (15%)
Care by relative in own home	Child is happy (31%) Good supervision (22%) Fosters independence in child (15%)	Not home with children enough (20%)
Care by nonrelative in own home	Child is happy (44%) Convenience (24%)	Not stimulating enough for child (32%) Not home enough with children (40%)
Care by self and sibling	Fosters independence in child (29%) Cost (21%) Child is happy (15%)	Not home enough with children (27%) Lack of supervision (26%)
Care in relative's home	Convenience (31%) Cost (24%)	--
Care in nonrelative's home	Convenience (51%) Child is happy (27%)	Not home with children enough (18%)
Center-based care	Educational activities (83%) Convenience (53%)	Cost (23%)
School-based care	Parent involvement (38%) Child is happy (26%)	Not home with children enough (24%) Inconvenient (17%)
Activity Program	Parent involvement (53%) Convenience (22%) Cost (22%) Fosters independence in child (22%) Good supervision (22%)	Not home with children enough (16%)

Only those features stated by at least 15% of the respondents using a given mode are reported.

This table should be read as follows: 52% of the parents in Minnesota regularly caring for their own children said they liked being home with the children, and 15% said this arrangement was inconvenient.

Satisfaction by Household Characteristics

We attempted to determine the socio-economic characteristics of families who were most and least satisfied with their care arrangements. Very satisfied households are, as expected, similar to those who reported their needs extremely well met. Blacks were the least satisfied of all ethnic groups. American Indians and Asians (100 and 93%, respectively) reported being very satisfied more frequently than did Whites (87%). (Remember all ethnic groups except Whites appear in very small numbers.)

Widowed and never married parents were least often very satisfied with their children's care arrangements, and married respondents were most frequently very satisfied. Divorced or separated parents, however, stated that they were dissatisfied with the greatest frequency (about 6%).

Population density of residential area did not seem to be related to satisfaction. The proportion of families reporting satisfaction varied by fewer than 6 percentage points among the residential categories--city, suburb, town, or rural area. Of those reporting some dissatisfaction, suburbanites were most frequent--at fewer than 2 percent.

With regard to employment status, families with all adults working stated least often that they were very satisfied and reported dissatisfaction with the greatest frequency. All families with no adults employed were very satisfied with their care arrangements.

Families with incomes above $40,000 were more often very satisfied than those at other income levels. Again, middle income families were very satisfied least often, while those making less than $15,000 reported dissatisfaction with the greatest frequency. Exhibit 4.31 illustrates the characteristics of families reporting the greatest and least satisfaction with their current care arrangements.

EXHIBIT 4.31: TYPES OF HOUSEHOLDS WITH THE GREATEST AND LEAST SATISIFACTION WITH CARE ARRANGEMENTS: MINNESOTA

Household Characteristics	Percentage Reporting Very Satisfied 1/
American Indian	100
Married	90
All adults not employed	100
Annual income > $40,000	95

Household Characteristics	Percentage Reporting Some Dissatisfaction 1/
Black	29
Divorced or Separated	6
All adults employed	2
Annual income < $5,000	6

1/ Represents only groups most frequently reporting.

This table should be read as follows: 100% of American Indians in Minnesota reported being "very satisfied" with their current care arrangements; 29% of Blacks said they were somewhat or very dissatisfied with current arrangements.

Do Parents Prefer Other Care Arrangements?[2]

Parents were asked what kind of arrangement, if any, they would prefer over the current mode for each of their school-age children. Responses to this question were coded into one or more of the 17 modes of care discussed earlier in Chapter 3. The resulting data, like those relating to meeting children's needs, referred to the child rather than the parent.

Dissatisfaction with current care arrangements does seem to be related to having a preference for other modes of care. More than 87 percent of children had parents who voiced no preference other than the mode of care they are currently using. This is similar to the proportion of parents who are very satisfied with their care arrangements. Of those who did have a preference, mother care was, as expected, the most frequently cited, for about 4 percent of the children. The only other care arrangements for which more than 1 percent of the children had parents who voiced a preference were care in a nonrelative's home and public school-based care. Least mentioned as preferred arrangements were care by other sibling, care by parent at the workplace, and private school-based care. (See Exhibit 4.32.)

Among those who were very satisfied and still stated a preference, care by mother and care in a nonrelative's home were most often cited. Mother care was also the first preference for parents were moderately satisfied with their current care arrangements than any other mode.

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[2] All of the preference data are based on children rather than households. This is because respondents were asked their preferred mode of care for each child.

EXHIBIT 4.32: PERCENTAGE OF ALL CHILDREN WHOSE PARENTS PREFERRED OTHER THAN THE CURRENT CARE ARRANGEMENT: MINNESOTA

Preferred Care Arrangement	Percentage of All Children Whose Parents Indicated A Preference For This Arrangement
Care by mother	4
Care by father	0
Care by both parents	0
Care by older sibling	0
Self-care	0
Care by other relative in own home	1
Care by nonrelative in own home	1
Care in relative's home	1
Care in nonrelative's home	1
Pre-school center	0
School-age center	1
Combination center	0
Public school-based program	1
Private school-based program	0
Community recreation	0
Activities, lesson, etc.	0
Other	0

40% responded "don't know"; 87% had no preference other than current arrangement.

In this table, zero is actually greater than zero, but less than 1 percent.

This table should be read as follows: 4% of all children in Minnesota had parents who would prefer care by mother to their current arrangement.

Preference by Satisfaction

The relationship between satisfaction and having a preference for other care modes is illustrated below:

Degree of Satisfaction With Current Care Arrangements	Percentage of Children Whose Parents Voiced a Preference
Very satisfied	8
Somewhat satisfied	42
Not too satisfied	67
Not at all satisfied	100

A substantial proportion (26%) of children whose parents were not too satisfied with current arrangements had parents who favored a school-age center; the same percentage favored mother care. Public school-based programs were the overwhelming choice for the few parents who were very dissatisfied with their current care. Exhibit 4.33 shows the most frequently cited preferred arrangement by degree of parent satisfaction.

Preference by Current Care Arrangements

Most of the analyses of preferences for other modes of care relied on all modes included in the questionnaire so that greater specificity in the description of preferences could be obtained. The analysis of preferences by current arrangement, however, relies on the collapsed modes, denoting regular usage.

Parents who were using activity programs or parents and a nonrelative in own home as regular arrangements were least likely to have stated a preference for another mode. Most likely to have a preference were parents who regularly used care in a relative's home and center-based care. Comparing these data with responses on satisfaction

EXHIBIT 4.33: PREFERRED CARE ARRANGEMENTS BY DEGREE OF SATISFACTION WITH CURRENT CARE: MINNESOTA

Degree of Satisfaction	Most Frequently Cited Preferences	Percentage of Children Whose Parents Cited This Preference
Very satisfied	Mother care	3
	Care in nonrelative's home	1
Moderately satisfied	Mother care	12
	Public school-based programs	5
	Care by other relative in own home	4
Not too satisfied	Mother care	26
	School-age center	26
	Care by both parents	8
	Care in relative's home	8
Not at all satisfied	Public school-based programs	100

This table should be read as follows: 3% of the children in Minnesota whose parents were very satisfied with current care arrangements had parents who stated a preference for mother care.

with current arrangements, care in relative's home seems to be the least favored mode among parents in this state.

In general, parent care was the preferred choice for more children than any other arrangement. Interestingly, almost 40 percent of children who were regularly cared for in centers had parents who preferred self- or self- and sibling care, and 11 percent preferred school-based care. Perhaps this is due to the cost of center care, mentioned as a problem by a fair proportion of parents who regularly use this mode. The most frequently stated preferences for children regularly in each type of care arrangement are listed in Exhibit 4.34.

Preference by Age of Child

Age of children is somewhat related to preference for another mode of care--the likelihood of having a preference generally decreased as child's age increased. The proportion of children whose parents stated a preferred mode of care by age of child is shown below:

Age of Child	Percentage of Children Whose Parents Had a Preference
5 to 8	16
9 to 11	12
12 to 14	10

Somewhat surprisingly, the desire for care by mother increases with the age of the child. Mother care was the preferred arrangement for about 5 percent of the 12- to 14-year-old children, about 4 percent of the 9- to 11-year-olds and about 3 percent of the 5- to 8-year-olds. This is the only arrangement for which preferences increase with child's age. Perhaps this is due to a feeling by some parents that day care is inappropriate for older children. The reverse trend is true, however, for a number of modes--self-care, care in a nonrelative's home, preschool

EXHIBIT 4.34: PREFERRED CARE BY CURRENT REGULAR ARRANGEMENTS: MINNESOTA

Current Regular Care Arrangement	Preferred Care Arrangement 1/	Percentage of Children Whose Parents Prefer This Mode
Parent care	--	
Care by relative in own home	Parent care	13
Care by nonrelative in own home	Parent care	7
Self- and self- and sibling care	Parent care	9
Care in relative's home	Parent care	17
	Center	16
	Self- and self- and sibling care	12
	Nonrelative's own home	11
Care in nonrelative's home	Center	9
	Parent	7
Center-based care	Self- and self- and sibling care	39
	School	11
School-based center	Parent	18
Activity program	--	

1/ Only those arrangements that were preferences for at least 5% of the children whose parents regularly used a particular arrangement are stated.

This table should be read as follows: 13% of children in Minnesota whose parents use care by a relative in own home (4% of Minnesota sample) had parents who would prefer their own care.

center, school-age center, combination center, activities and lessons, etc., and care by parent in the workplace. The most frequently preferred care arrangements by age of child are illustrated in Exhibit 4.35.

Preference by Location

Because satisfaction and how well parents needs were met were both analyzed by household characteristics, and because there is a strong relationship between satisfaction and having a preference, preferences with one exception were not analyzed by household characteristics. It seemed that the type of preference might be influenced by the kind of area in which families resided--city, suburb, town, or rural area--so preferences by household location were examined.

Suburbanites were most likely, and rural residents were least likely to have stated preferred modes of care. This finding reinforces the notion that care by mother, the arrangement preferred for more children than any other, is most prevalent in rural areas.

There were few other patterns in type of care arrangement preferred by location. Care in a nonrelative's home is the most frequently stated preference for children of city dwellers. Perhaps this is due to the presence of more single parent families in urban areas. Exhibit 4.36 lists the most frequently-stated preferences by household location.

In summary, parents seem to prefer their own care over any other arrangement, regardless of location, age of child, and the type of arrangements they currently have. The overwhelming majority of children did not have parents who state any preference, indicating a high level of satisfaction with current arrangements.

COMPARISON AND CONTRAST OF TRENDS IN BOTH STUDY STATES

How Well Needs Are Met

In both Minnesota and Virginia, the majority of parents said their needs were well met by their care arrangements. A slightly smaller

EXHIBIT 4.35: PREFERRED CARE ARRANGEMENTS BY AGE OF CHILD: MINNESOTA

Age of Child	Preferred Care Arrangement 1/	Percentage of Children Whose Parents Preferred This Mode
5 to 8	Care by mother	3
	School-age center	2
	Care in nonrelative's home	2
9 to 11	Care by mother	4
	Public school-based program	2
12 to 14	Care by mother	5

1/ Only those preferences given for at least 2 percent of the children in an age category are shown.

This table should be read as follows: 3% of the 5 to 8 year-old children in Minnesota had parents who would prefer mother care to their current care arrangements.

EXHIBIT 4.36: PREFERRED CARE ARRANGEMENTS BY HOUSEHOLD LOCATION: MINNESOTA

Household Location	Preferred Care Arrangements [1]	Percentage of Children Whose Parents Preferred This Mode
City	Care in nonrelative's home	4
	Care by mother	3
Suburb	Care by mother	7
	Care in relative's home	3
Town	Care by mother	4
	School-age center	2
	Community recreation	2
Rural area	Care by mother	3

[1] Only those preferences given for at least 2% of the children in a particular location are shown.

This table should read as follows: 4% of the children in Minnesota whose parents lived in a city had parents who preferred care in a nonrelative's home.

percentage of parents in both states felt their own needs were extremely well met than those of their children.

In Minnesota the likelihood of parents believing their children's needs were extremely well met by their care increased with the age of the child. In Virginia there was a notable decrease in the percentage of parents who said the needs of 12- to 14-year-olds were extremely well met. The probability that children's needs were not well met, in fact, increased with the child's age in this state. However, the percentage of parents reporting that their children's needs were not well met was very small--only 1.55 percent in Virginia and 3.03 percent in Minnesota.

In both states, parents who used public school-based programs reported with the greatest frequency that needs were extremely well met. Other arrangements meeting a large proportion of Minnesota parents' needs very well were parent care and care in a relative's home; in Virginia parents' needs were met very well by center care, care by a relative in own home, parent care, and care in a nonrelative's home. Least pleased were parents using care in relative's home, school-based and center care in Minnesota, and parents using self- or self- and sibling care and care in a nonrelative's home in Virginia.

Few parents in either state cite features they disliked about their current care arrangements. Those who did usually mentioned the consequences of using, rather than features of, a particular type of care. The most commonly mentioned problems were not being at home with children and lack of supervision and discipline. Only center users in either state mentioned with any frequency cost as a problem.

With regard to household characteristics, the vast majority of parents in both states were White and married. In Minnesota, consistent with the general population, more than 95 percent of respondents were White. Other ethnic groups comprise a larger share of Virginia's population, with Blacks consisting of more than 13 percent of the respondent sample. (These sample characteristics are similar to the proportions of the various ethnic groups in the two states.) The majority of Whites in both states said their needs were extremely well met. Blacks in Minnesota were most discontented with more than

28 percent (a very small number of families, however) reporting that their needs were not well met. This is in sharp contrast to Virginia, where fewer than 1 percent of Blacks said their needs were not well met. In both states, other ethnic groups comprised such small percentages of the sample that generalizations are not warranted.

Widowed persons in both states reported the greatest problems with having their care needs met. For the most part, married persons felt their needs were extremely well met more often than those in any other marital status.

In Minnesota, a relationship appeared between the population density of the residential area and how well parents felt their needs were met--as population density increases fewer people report having their needs extremely well met. City dwellers did, however, report fewer problems with having needs met than residents of towns, suburbs, or rural areas. This means a large proportion of city residents reported that their needs were met to some extent. No apparent relationship exists between population density and how well needs were met in Virginia. Rural dwellers report having needs extremely well met with the greatest frequency; town residents report more problems than any other group in this state.

Only about half the families in either state who had all adults employed full-time reported that their needs were extremely well met. The vast majority of Minnesota families in which no adult was employed said they were very pleased with their care arrangements, but less than half of Virginia families reported this. In both states single adult households seemed to express dissatisfaction with their care arrangements more frequently than those with two adults in residence.

Income does not appear to be highly related to parent satisfaction with care arrangements. In Minnesota families with the highest and lowest incomes reported needs extremely well met with the greatest frequency, and in Virginia this level of satisfaction was reported by those with middle and higher incomes. However, those stating that their needs were not well met were most often middle and lower income families in Minnesota and higher and lower income families in Virginia.

Satisfaction with Care Arrangements

More than 80 percent of parents in both states said they were very satisfied with the care arrangements for their school-age children. Fewer than 5 percent of parents in either state reported that they were somewhat or very dissatisfied.

The majority of parents report satisfaction regardless of the type of care they are using. In both states, however, a greater percentage of parents regularly caring for their own children report that they are very satisfied, than those using any other arrangement.

The most dissatisfied group were parents who regularly use care in a relative's home in Minnesota, and activity programs, care by self- or sibling, and center programs in Virginia. The most frequently reported problems did not, however, always coincide with the care arrangements for which parents reported some dissatisfaction. This was particularly the case in Minnesota, where parents were least pleased with care in a relative's home, and where no more than 6 percent of those using this arrangement specified a problem. By contrast, about one-third of those using care in a nonrelative's home were concerned with the child's well-being and felt the parents were not at home enough. In Virginia, while parents were least satisfied with activity programs, center care and care by self or sibling, more problems were specified by those using school-based care. Interestingly, about one-third of center users in Virginia said cost was a problem, compared to about one-quarter of the Minnesota parents.

Parents using centers and school-based programs tended to be more specific about features they liked than those using other arrangements. Most often mentioned as positive features of center- and school-based programs were educational activities, convenience, and parental involvement. Parents using in-home care were most likely to state as a feature they liked the fact that the child was happy with the arrangement.

Regarding the relationship of household characteristics to satisfaction, there are similar patterns to those found for how well

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parent's needs are met with their school-age care arrangements. Blacks were the only ethnic group in Minnesota to report dissatisfaction with any frequency (a very small number of families, however); in Virginia the small group of American Indians were least pleased with their children's care.

Single-adult households were least likely to be satisfied in both states. Divorced or separated parents in both states reported problems with their care arrangements; however, widowed persons as a group experienced the greatest difficulties in Virginia.

Population density of residential area was not related to satisfaction. The only pattern that emerged in both states was that suburbanites most frequently reported that they were not satisfied with their arrangements for their school-age children. The proportion of this group reporting dissatisfaction was slight, however--less than 2 percent in Minnesota and less than 5 percent in Virginia.

In both states families in which all adults are working full-time reported with the least frequency, being very satisfied. They also expressed some dissatisfaction with the greatest frequency. In general, those families in which one adult worked full-time and the other did not seemed to be most satisfied with their care arrangements. This type of family in all probability cares for its own children.

As we found with the analysis of how well parents' needs were met, income bears little relationship to parents' satisfaction. If any generalization can be made, it is that lower middle-income families seem to be least satisfied with their school-age care arrangements. This finding is probably related more to employment status and marital status than to the level of household income.

Preferences for Other Care Arrangements

There is a fairly direct relationship in both states between satisfaction with current care and stated preferences for another arrangement. More than twice as many Virginia as Minnesota respondents who were very satisfied with existing arrangements stated a preference for other arrangements. The majority of parents, however (87% in Minnesota and 73% in Virginia), stated no preference for another type of care. Among those who did, mother care was the most frequently preferred alternative. No other arrangement was preferred by parents for at least 2 percent of Minnesota children. In Virginia, care by a relative in own home, care by a nonrelative in own home, care in a relative's home, public school-based programs, and community recreation programs, were cited as preferences for more than 2 percent of the children.

Those most likely to prefer another arrangement in Minnesota had children who were regularly cared for in a relative's home or at a center. In Virginia parents who preferred another arrangement were most likely to have children who regularly cared for themselves.

Although care by mother is the most frequently preferred arrangement, children whose parents use center care in Minnesota tended to have parents who prefer self-care and school-based care. In Virgina, children whose parents regularly use care in a relative's home preferred center care, and a large proportion of those in activity programs had parents who preferred care in a relative's home. Least preferred arrangements in both states were care by father, care by both parents, care by parent at workplace, preschool center, and combination preschool and school-age center.

Among children whose parents were very dissatisfied with current arrangements, public school-based programs were favored by 100 percent in Minnesota and by 56 percent in Virginia. Private school-based programs were the preferred choice for an additional 16 percent of Virginia children.

The likelihood of having a preference for another care arrangement was greatest for children in the age 5 to 8 category in Minnesota, and for the 12- to 14-year-olds in Virginia. This corresponds to the trends for satisfaction found by age of child in both states.

In both states, suburbanites were more likely than their city, town, or rural counterparts to voice a preference. Mother care is the favored arrangement, regardless of location, except for city dwellers in

Minnesota, who more frequently preferred care in a nonrelative's home. This could be because more single parents live in urban areas. Another exception to the preference for mother care is found among suburbanites, who more frequently favor public school-based programs.

In general, the vast majority of parents in both states indicated a high level of satisfaction with their current school-age care arrangements. Those who reported problems tended to have one or more of the following characteristics: member of a minority ethnic group, living in a single adult household, and living in a family in which all adults work.

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HOW PARENTS FIND AND SELECT CHILD CARE

The process that parents use to find and select appropriate arrangements for their children is an important aspect of any discussion of child care usage. This includes the way parents locate child care (such as centers and family day care homes) and the considerations that enter into their decisions to use a particular provider or child care program. As children get older their needs change, as do their requirements for child care. This chapter examines the process parents use to determine the type of child care suitable for their children. It also explores several tangential issues related to child care usage, such as transportation arrangements, use of tax credits for child care, and the employment preferences of parents who do not work.

VIRGINIA

Sources of Information about Child Care

Although in many families parents cared for their own school-age children, a growing number of parents are using other forms of child care--either as a supplement to, or in lieu of, parent care. Therefore, it is important to understand how parents learn about other sources of care. Suppliers need to make their availability known to consumers. Consumers need to know what care is available to make informed choices. The sources of information most often used by parents to find out about their current care arrangements are presented in Exhibit 5.1.

EXHIBIT 5.1: SOURCES OF INFORMATION ABOUT CHILD CARE: VIRGINIA

Source of Information	Percentage Using Source*
Friend	19
Neighbor	12
Public school system	6
Church/synagogue	5
Bulletin board notice	3
Feature on TV, paper, magazine, radio	3
Teacher	3
Relative	2
Center or caregiver ads	2
Yellow pages	2
Information and referral center (public)	1
Other	2
None	10

*Multiple responses allowed.

Table may be read as follows: 19% of the households in Virginia reported that a friend provided them with information about their current child care arrangement.

As the table indicates, a variety of information sources about child care arrangements were used by the families with all adults employed full-time and by families who had tried to locate other care arrangements. Many sources were used. The most often cited source of information about child care was a friend (used by 19% of Virginia households), perhaps the most trusted and easily accessible source to a parent. This was followed by a neighbor (12%). Ten percent of the households reported no source. The remainder of child care information sources were used by fewer than 6 percent of families.

The child care providers we interviewed also reported "word-of-mouth" as their most effective advertising. Although some parents used more formal means, most did not report frequent use of those methods as sources of information for their current care arrangements. Information and referral centers are not widely available in Virginia, hence the low figure for that source. In-home discussions with parents supported this finding; in fact, many parents were unfamiliar with information and referral services, and most had never used one. However, parents supported the concept when it was explained to them.

The in-home conversations also provided support for the finding that friends and neighbors are frequent sources of information. Parents indicated they would readily help a new neighbor find child care, and most seemed to have a wealth of knowledge about local options that they were willing to share.

Considerations When Selecting Care

Although most parents (93% of Virginia households) had not tried to locate different care arrangements for their school-age children in the past year, parents considered a variety of factors when selecting the child care arrangements they were currently using. (See Exhibit 5.2.) Of utmost concern was that their child be adequately supervised; 45 percent of the households in Virginia mentioned this consideration. It was also important to parents (24%) that the caregiver's philosophy of childrearing be compatible with theirs. No other category received more than 10% response, except "other."

Parents considered several child-related factors with some frequency: that the child liked his or her caregiver (8%); that the

EXHIBIT 5.2: CONSIDERATIONS WHEN SELECTING CHILD CARE: VIRGINIA

Consideration	Percentage Responding*
Supervision is adequate	45
Provider agrees with parents' views on childrearing	24
Convenience of location	9
Provides child developmental activities and instruction	9
Child has freedom to do what he or she wants	9
Child likes his or her caregiver	8
Cost	7
Safety/security, health, and welfare	7
Child can be with friends his or her own age	6
Convenience of hours available/flexibility	6
Child has games, toys, or equipment to play with	5
Child can play outside	3
Facility in good condition	3
Child can read or study	3
Other caregiver qualities	3
Meals/child is well fed	2
Caregiver has desired ethnic or language background	2
Equipment and materials are good	1
Other	12
None	7

*Multiple responses allowed.

Table is read as follows: 45% of the Virginia households indicated that adequate supervision was a consideration in selecting their current child care arrangement.

child could be with children his or her own age (6%); that developmental activities were available for the child (9%); that the child had freedom to do as he or she wanted (9%); and that adequate provisions were made to ensure the safety, security, health, and welfare of the child (7%). Parents also considered features of the facility such as convenience of location (9%), cost (7%), and convenience of hours/flexibility (6%).

The in-home findings confirm that a great deal of consideration goes into the selection process (although supervision did not emerge in the in-home interviews as the most important consideration). Parents used different terms to describe their considerations regarding care selection, e.g., "shows interest," "makes child comfortable and keeps him from getting bored," "shares conversation and love," and "caring." Regardless of the words used, the description frequently centered around a child-oriented concern. Cost was rarely mentioned spontaneously, and even then parents noted it was of secondary importance.

Quality Child Care

Parents were asked to provide their definitions of quality child care for school-age children during the in-home personal interview. Typically this item received more thought than any other. Quality child care was defined variously as:

- friendliness
- real and caring
- intelligent guidance
- understanding, and
- loving.

One parent's definition was simply "someone who loves them as much as I do." These descriptions were typical of the responses. Supervision and guidance were mentioned, but not directly by most respondents. Cost was rarely mentioned. One family, where both parents were present during the in-home interview, provided an interesting contrast in perspective:

Mother: A loving, healthy, safe environment
Father: Discipline, no-nonsense, common sense

Mothers typically responded with affective descriptions, and fathers with more authority-oriented responses.

A few parents implied there was no such thing as quality child care. They felt there was no acceptable substitute for a parent, and that parents were obligated to spend the time and devote the necessary attention to their children.

Transportation

Because transportation can be a problem when arranging child care--and therefore a consideration for parents when selecting care--families that used out-of-home care were asked how they transported children to and from that care. These responses are presented in Exhibit 5.3. Most households (73%) used a parent's car or carpool. Many (56%) used a school bus. Walking (36%) and friend or relative driving (27%) were also modes frequently used. Only 9 percent of the families had transportation provided by a caregiver.

Transportation was not the biggest problem parents mentioned regarding school-age care, but the importance of convenience, including minimal transportation difficulty, was often stressed. The lack of transportation problems was cited as a major benefit of in-school extended day programs. Both parents and providers, including competitors of public school-based programs, mentioned this fact.

Reasons for Change in School-Age Care Arrangements

Only 4 percent of the families indicated they had changed their school-age care arrangements in the past year. This is consistent with our finding that parents are satisfied with their current child care arrangements. (See Chapter 4.) Reasons for these changes are listed in Exhibit 5.4.

The reasons for change vary considerably. Wanting change for the child was cited by 23 percent of the households who had switched care in the past year, while losing a caregiver was cited by 20 percent. Rising costs were mentioned by 12 percent of the families. Another 45 percent

EXHIBIT 5.3: MODES OF TRANSPORTATION USED: VIRGINIA[1]

Mode	Percentage of Households
Parent's car or carpool	73
School bus	56
Walk	36
Friend's or relative's car	27
Caregiver transportation	9
Other modes	8
Bus or Subway	3
Cab	1

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[1] Multiple responses allowed; based on responses from 41% of the sample.

Table is read as follows: Of the 41% of Virginia families using out-of-home care, 73% used a carpool or the parents drove their children to their child care arrangement.

EXHIBIT 5.4: REASONS FOR CHANGING CARE ARRANGEMENTS IN PAST YEAR: VIRGINIA 1/

Reason for Change	Percentage of Households
Wanted change for child	23
Care provider moved/no longer available	20
Cost of care went up too much	12
Family moved	3
Other (specify)	45
Don't know	10

1/ Multiple responses allowed; based upon responses from 4% of the sample.

Table is read as follows: Of the 43% of Virginia families who changed child care arrangements in the past year, 23% switched because they wanted a change for the child.

gave "other" reasons (among which there were no discernible patterns or common trends) and 10 percent did not know why they switched.

The parent interviews in the field also indicated very low rates of change regarding care arrangements. Typical reasons would include necessity (caregiver or parent moved, child was too old for previous program), "it wasn't working out," or dissatisfaction on the part of the parent or child. Most parents indicated this was not a common occurrence. They "shopped around" carefully and then made a selection that usually worked out satisfactorily, and with which they stayed until circumstances required a change.

Factors Affecting Choice

Telephone respondents were also asked what prevented them from using some other type of care. The responses to this question are shown in Exhibit 5.5. One-third of the households did not need another type of care. An additional 22 percent could not use some other care arrangement because of transportation difficulties. Many households responding to this question (20%) said nothing prevented them from using another form of care or that alternate care was not acceptable. Specific difficulties mentioned by the remaining respondents included cost of care (9%), not enough time to find care (1%), and lack of information (2%).

Correlation coefficients were also obtained to determine what other factors may affect choice of child care. One analysis examined correlations between the type of information source used to find current care and the type of care being used. Another analysis examined the correlation between current mode of care used and the care considerations reported by households. These analyses indicated:

- Households using school-based care are concerned with convenience of the care location and do not use other sources of information on child care.
- Households using a relative's home for care are concerned with caregiver qualities.
- Households using non-relative home care are concerned with a child's opportunity to read or study, and they use bulletin boards as a source for obtaining information about care.

EXHIBIT 5.5: FACTORS PREVENTING USAGE OF OTHER TYPES OF CARE: VIRGINIA

Factors	Percentage Responding*
Other care not needed	33
Transportation difficulties	22
Nothing	20
Unavailability of acceptable care	20
Cost of care	14
Don't know	5
Lack of information	2
Inadequate search time	1
Other	28

*Multiple responses allowed; 13% of sample (unweighted) responding.

Table is read as follows: Of the sample respondents in Virginia who would like another type of child care (13%), 22% were prevented from using the preferred arrangement because of transportation difficulties.

Tax Credits

Of the 25 percent of the sample who paid for their child care, 84 percent were aware of the tax credit for child care. Only 46 percent of the households who paid for care and were aware of the credit had actually claimed a credit in 1981. Most of those who did not claim a credit said they were not eligible (74%), did not know enough about the credit to apply for it (33%), or did not feel it was worth the time required to get what they were entitled to (19%). These data are presented in Exhibit 5.6. Although these data have not been analyzed by demographic variables, the in-home personal interviews seemed to indicate that more middle and upper class households are aware of and use the tax credits than lower income families.

Nonworking Parent

The nonworking parent, in the households which had one (25% of the sample), was asked about preferences regarding work or being at home. Of those asked, 69 percent preferred to stay at home, 29 percent preferred to work, and 2 percent responded "don't know." Of those who did not prefer to stay at home, 40 percent stated that caring for their children kept them from getting a job outside the home.

Few of the personal interviews with Virginia families involved an at-home parent since the focus of this study was child care users, most of whom are working parents. In the few households with a parent at home, usually a mother, we were told they generally preferred to be at home, although they also spoke of possible plans to return to work when the children were older.

Parents were also asked if they had lost a job within the past year because of child care requirements. Only 5 percent reported this was the case. Other than reducing family income, there was no consistent family impact as a result of that change.

EXHIBIT 5.6: REASONS FOR NOT CLAIMING CHILD CARE TAX CREDIT: VIRGINIA

Reason	Percentage of Households Who Paid for Care But Did Not Claim Tax Credit
Weren't eligible or didn't qualify	74
Didn't know enough about the tax credit	33
Didn't file a tax return	19
Felt it was not worth the effort for the amount spent	8
Other	5
Did not want to file the long form	1

1/ Responses total more than 100% since multiple answers were allowed; based on responses from 12% of the sample.

Table is read as follows: Of the Virginia families who paid for care and were aware of the tax credit but did not use it (12% of the sample), 74% did not claim a tax credit because they were ineligible.

Sources of Information about Child Care

A potential obstacle to identifying and selecting appropriate child care is the lack of information about child care facilities. Family day care homes, centers, and other school- or community-based programs must in some way advertise to families so that parents are aware of their availability. During the telephone interview, families with all adults employed full-time and those who had tried to locate other arrangements in the past year were asked how they found out about their current child care arrangement. Exhibit 5.7 shows the answers to this question.

The most common source of child care information was a friend; 18 percent of the families indicated that a friend helped them find child care. The public school system was also used--by 6 percent of the families in Minnesota. This number probably reflects a higher prevalence of public school-based programs and the attendant "advertising" through the schools as to the availability of these programs. Other informal referral sources included relatives (5%) and neighbors (5%). An additional 5 percent of the households indicated receiving child care information from formal channels such as television, newspaper articles, radio, or magazines. Center or caregiver ads were mentioned by 1% of the households; teachers (3%) and churches or synagogues (2%) were ranked above this type of advertising.

This list of information sources is also instructive for what was not mentioned--notably the yellow pages and information and referral services. Chapter 8 addresses publicity from the point of view of the provider. Informal interviews with providers in family day care homes, centers, and school-based programs indicated that word-of-mouth was their most effective form of publicity. This corresponds with the information from parents who reported using friends, relatives, and neighbors more often than most other sources of information on child care. Child care providers also care. Child care providers also mentioned the yellow pages and other advertising as methods they used to publicize their services. According to the telephone survey information, however, these sources of information do not appear to be widely used by parents.

EXHIBIT 5.7: SOURCES OF INFORMATION ABOUT CHILD CARE: MINNESOTA

Source of Information	Percentage Using Source*
Friend	18
Public school system	6
Relative	5
Neighbor	5
Feature on TV, paper, magazine, radio	5
Teacher	3
Church or synagogue	2
Center or caregiver ads	1
Private school system	1
Welfare office	2
Counselor	1
Co-worker	1
Public information office	1
Visited center	
Other	2
None	15

*Multiple responses allowed.

Table may be read as follows: 18% of households in Minnesota reported that a friend provided them with information about their current child care arrangement.

Similarly, a few providers mentioned using information and referral services, but none of the parents indicated this as an information source.

Considerations When Selecting Care

Most parents had not tried to locate other child care arrangements (only 3%); this is consistent with the high satisfaction parents indicated with their child care arrangements. (See Chapter 4.) When selecting their current child care arrangement, parents reported a variety of considerations, as shown in Exhibit 5.8. As in Virginia, parents in Minnesota were primarily concerned that their child be adequately supervised; 41 percent of the families mentioned this consideration. It was also important to parents (19%) that the caregiver's philosophy of childrearing be compatible with theirs.

Parents considered several child-related factors with some frequency: that the child liked his or her caregiver (11%); that the child could be with children his or her own age (8%); that developmental activities were available for the child (7%); and that the child had freedom to do as he or she wanted (7%). Parents also considered features of the facility such as convenience of location (10%), cost (7%), and convenience of hours/flexibility (7%).

More detail on the selection process was obtained during in-home interviews. As one parent described it, she had a "rational and intuitive list" that she went through in her mind when deciding on child care. On the rational side, she considered factors such as cleanliness, food, and safety. Entering into her decision was also her intuitive feeling about the place and the people there.

Several parents indicated a distinct preference for a home atmosphere, although these situations tended not to be as reliable (sitters go on vacation) and the educational programs in centers were considered attractive. One parent said she had learned how to be a better mother by knowing her family day care provider. Another mother listed a series of questions sometimes overlooked when deciding on child care: is the house "child safe"? how are the children fed? will the provider accommodate special diets? does the provider keep good medical

EXHIBIT 5.8: CONSIDERATIONS WHEN SELECTING CHILD CARE: MINNESOTA

Consideration	Percentage Responding*
Supervision is adequate	41
Provider agrees with parents' views on childrearing	29
Child likes his or her caregiver	11
Convenience of location	10
Child can be with friends his or her own age	8
Cost	7
Convenience of hours available/flexibility	7
Child developmental activities and instruction available	7
Child has freedom to do what he or she wants	7
Safety/security, health, and welfare	5
Child has games, toys, or equipment to play with	3
Child can play outside	3
Meals/child is well fed	2
Facility in good condition	1
Equipment/materials are good	1
Caregiver has desired ethnic or language background	1
Child can watch TV	1
Child can read or study	1
Other caregiver qualities	1
Other	12
None	17

*Multiple responses allowed.

records on the children? does she talk about the children and their development? This same parent also pointed out that if the house is totally immaculate, this may not be a good sign. It may indicate that the provider is spending time doing housework rather than caring for the children.

Quality Child Care

Minnesota parents participating in the in-home interviews were also asked to define quality child care. One mother responded by decribing caregiver characteristics: a loving person, patient, gentle, firm, able to discipline and give guidance. Another parent felt it was important that the staff enjoy what they were doing and to have an age mix of children so that younger and older children get to know each other.

One of the families interviewed in Minnesota suggested a plethora of characteristics of a quality care situation, including:

- staff sensitivity
- supervision
- "light" organization--not regimented; different from school activities
- some routine, but with options for quiet or vigorous activities, with or without an adult
- sufficient space (more space for older children)
- reasonable number of children participating
- mixed ages of children (it was pointed out that such a mixture does not automatically work out well; planning and skill are required on the part of the caregivers).

The father in this family had particularly strong feelings about television and felt it was "an abomination to use television to anesthetize kids." The mother placed special emphasis on the importance of stability of care to the children. "They should not have to be constantly put in strange situations or do something different each day," she said. She retold an ancedote about a child she knew who attended the school where she was a teacher. The child had a complicated child care schedule and became confused about what she was to do after school. As the child was leaving school each day, she would ask the teacher, "Which way do I go?"

Transportation

Because transportation can enter into decisions about selecting child care, families that used out-of-home care were asked about the forms of transportation they used to get their school-age children to and from care. These findings are presented in Exhibit 5.9. Parent's car or carpool (65%), school bus (48%), and walking (48%) were frequently used. Transportation provided by the caregiver was used by 18 percent of the households.

Transportation became an issue with school-based child care programs because of busing and school closings in Minneapolis. Children did not necessarily attend schools in their neighborhood. Furthermore, not all schools offered before-and-after-school programs. Therefore some children were unable to attend, or it was inconvenient for them to attend a school-based program because of transportation difficulties. This problem, discovered during in-home interviews, is contrary to the typical conception of school-based programs--which are usually thought to be a more convenient form of child care because of their location and lack of transportation needs.

Reasons for Change in School-Age Care Arrangements

Again consistent with satisfaction data, only 5 percent of the Minnesota households reported that they had changed their school-age care arrangements in the past year. The reasons these families changed are presented in Exhibit 5.10.

The reasons for such changes varied. Care provider moving seemed to be frequent, as did "wanting a change for child," usually because the child was growing older. Economics was also a factor, either because of rising costs or rising unemployment. More than a third of the respondents had other reasons, but no consistent response pattern appeared in these answers.

EXHIBIT 5.9: MODES OF TRANSPORTATION USED: MINNESOTA

Mode of Transportation	Percentage of Households
Parent's car or carpool	65
School bus	48
Walk	48
Friend's or relative's car	24
Caregiver transportation	18
Other modes	17
Bus or subway	4
Cab	1

[1/] Multiple responses allowed; based on responses from 49% of the sample.

Table is read as follows: Of the 49% of Minnesota families using out-of-home care, 65% used a carpool or the parents drove their children to their child care arrangement.

EXHIBIT 5.10: REASONS FOR CHANGING CARE ARRANGEMENTS IN PAST YEARS: MINNESOTA 1/

Reason for Changing	Percentage of Households
Care provider moved or no longer available	25
Wanted change for child	20
Lost job	14
Cost of care went up too much	9
Other (no consistent response noted)	35
Don't know	1

1/ Multiple responses allowed; based on responses from 5% of the sample.

Table is read as follows: of the 5% of the families in Minnesota who changed child care arrangements in the past year, 25% switched because the caregiver moved or was otherwise unavailable.

The parent interviews also corroborated this low turnover of care arrangements. Parents usually found an arrangement they were comfortable with and stayed with it until circumstances changed. A few families indicated that their children had requested a change; in each case the children wanted to take care of themselves rather than stay in a formal program. Another family had recently changed child care because the family moved to another part of the city.

Factors Affecting Choice

Telephone respondents were also asked what prevented them from using some other type of care. The responses to this question are shown in Exhibit 5.11. Most of the families responding to this question said nothing prevented them from using another form of care (14%) or that alternate care was not needed (47%). Specific difficulties mentioned by the remaining respondents included unavailability of acceptable care (9%), cost of care (9%), not enough time to find care (4%), and transportation difficulties (2%).

Correlation coefficients were also obtained to determine what other factors may affect choice of child care. One analysis examined possible interactions between the type of information source used to find current care and the type of care being used. This analysis indicated that:

1. People currently using center care tend to use the following sources to obtain information on child care:
    a) professional individual referrals
    b) welfare office
    c) child advocacy groups
    d) public school system
    e) neighbors
2. People currently using family day care homes tend to use the following information sources:
    a) parent-placed ads
    b) neighbors
3. People currently using a nonrelative in-home arrangement (e.g., housekeeper or babysitter) tend to use a doctor for a source of information.

EXHIBIT 5.11: FACTORS PREVENTING USAGE OF OTHER TYPES OF CARE: MINNESOTA

Factors	Percentage Responding*
Nothing	14
Unavailability of acceptable care	9
Cost of care	9
Inadequate search time	4
Transportation difficulties	2
Other	1
Don't know	20
Other care not needed	47

*Multiple responses allowed; 13% of sample (unweighted) responding.

Another analysis examined the correlation between the current care arrangement and the care considerations reported by households. This analysis indicated:

1. Households using center care tend to consider the following factors when selecting care:
    a) convenience of hours/flexibility
    b) convenience of location
    c) availability of developmental activities/instruction.
2. Households using family day care homes consider the child's liking his or her caregiver an important selection factor.

Tax Credits

Although only 24 percent of the Minnesota households in our sample paid for child care, more than 82 percent of those who did pay were aware of the tax credit for such care. Only 60 percent of those aware of the credit claimed it in 1981. The primary reason for those who did not claim the credit (but who were aware of it) included:

- ineligibility (75%),
- not worth effort for amount spent (19%), and
- not knowledgeable enough (14%).

These data are presented in Exhibit 5.12.

Nonworking Parent

Minnesota households that had a nonworking parent (24% of sample) usually indicated that this was the preferred situation. About 59 percent of families with a nonworking adult, usually the mother, indicated that the nonworking adult preferred to stay home. Another 37 percent of the nonworking adults stated they would prefer to work outside the home but were not now doing so. Four percent of the households were uncertain of their preference.

Most of those who preferred to work outside the home (76%) were not restricted from doing so because of child care requirements, although 24 percent reported that their child care requirements did keep

EXHIBIT 5.12: REASONS FOR NOT CLAIMING CHILD CARE TAX CREDIT: MINNESOTA

Reason	Percentage of Households Who Paid for Care But Did Not Claim Tax Credit [1]
Weren't eligible or didn't qualify	75
Feel it's not worth the effort for the amount spent	19
Other	16
Didn't know enough about the tax credit	14
Didn't file a tax return	3
Didn't want to file the long form	1

[1] Responses total more than 100% since multiple answers were allowed; based on responses from 7% of the sample.

Table is read as follows: Of the Minnesota families who paid for care and were aware of the tax credit but did not use it (7% of the sample), 75% did not claim a tax credit because they were ineligible.

them from working outside the home. Few respondents (1%) reported they had lost or left a job because of child care requirements. Those respondents indicated the loss resulted in reduced family income and more free time or time with family if it had any impact at all.

Summary

Informal and trusted channels of communication--such as friends and neighbors--were the primary sources of information that Minnesota and Virginia parents used to locate their current child care arrangements. Information and referral services were used infrequently in Virginia and were not reported at all in Minnesota, although parents in both states were in favor of making such services more available.

When selecting care, parents often mentioned such considerations as adequate supervision and caregiver's childrearing philosophy. Quality child care was typically described by characteristics of the caregiver such as "loving," "friendly," "gentle," "firm guidance," and "patient."

Parents in both states appeared to select their child care cautiously and then continued to use that care arrangement. Very few families had changed their care arrangement in the past year. In the few instances where there was a change in the form of care, it was usually because the caregiver moved (or was otherwise unavailable), or it was to provide the child with a change.

Few families reported any barriers to using other care arrangements; of the parents who were prevented from using some other type of care, transportation difficulties, cost, and unavailability of acceptable care were the obstacles mentioned most often.

Approximately the same proportion of families in Minnesota and Virginia paid for child care and indicated an awareness of the tax credit for child care. However, more families in Minnesota than in Virginia claimed the tax credit.

6

FAMILIES USING SELF- OR SIBLING CARE FOR THEIR SCHOOL-AGE CHILDREN

Self-care by school-age children is one of the major concerns of those who work in the day care field. As indicated in Chapter 1, recent studies have found substantial incidences of actual and alleged self-care and have revealed serious potential problems. Because of the importance of this issue and the lack of empirical data on the subject, this study was designed to answer several questions about self/sibling care: how many children care for themselves, at what ages they start, how many do so regularly and for how long. How well such arrangements work, problems that typically arise, and what possible benefits result are also areas addressed by this study. Additional topics include the rules families use and advice parents have for other families. To shed light on these issues, special attention was paid to the topic of self-care during both the in-home and telephone interviews.[1/]

Families who indicated they had school-age children who took care of themselves, or who had children under 15 caring for younger siblings, were asked a series of special questions about this form of care during the telephone interview. This chapter presents the findings of that branch of the interview for households in each state. Note that any use

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[1/] The purpose of the in-home interviews was to collect additional anecdotal information from a small sample of families with care arrangements of interest. Since this in-home sample was small and not selected randomly, no weights or data tables for the in-person interview findings are given.

of self-care qualified a family for this series of questions. Not all children of parents who responded to these questions should be considered regular users of this type of care, nor should the children who used self-care automatically be considered "latchkey" children, a term usually implying regular use of this mode of care. It is also likely that the incidence of self/sibling care was underreported in the telephone interviews since, for various reasons, parents may be reluctant to indicate that their children take care of themselves during specified time periods.

VIRGINIA

Satisfaction

More than 21 percent (unweighted) of the parents in our sample, representing 14 percent (weighted) of the families in Virginia, used self- or sibling care at least part of the time. To determine how well self-care for school-age children seemed to work out in each family, we asked parents to indicate how satisfied they were with their situation. As with most other types of care, these families indicated their self-care situations were working out satisfactorily (53% extremely well, 33% fairly well). Only two families responded negatively (one "not too well," one "not well at all"). One family responded "Don't know."

Almost all these families (90%) felt there were advantages to self- or sibling care. Exhibit 6.1 presents the benefits parents mentioned. Most parents (89%) felt self-care increased independence, and half (50%) thought their children learned new survival skills. Other benefits were mentioned by only a few parents. One parent objected to using the word "benefit," saying they were more "effects" that had been observed.

None of the parents reported their children were unhappy about this type of care, although 27 percent reported mixed feelings by their children and 7 percent reported "don't know." The balance said their

EXHIBIT 6.1: BENEFITS OF SELF-CARE: VIRGINIA

Benefit of Self-Care	% of Households[1]
Increased independence	89
Learning new survival skills	50
Increased parent/child trust	16
Quiet time for child	6
Other	20
Don't know	1

1/These percentages are based on the 21% of the sample who responded to the self-care section of the instrument.

The 89% entry should be interpreted as follows: 89% of the families in Virginia who have school-age children in self- or sibling care and who feel there are benefits of such care report increased independence as a benefit.

children were extremely happy (26%) or mostly happy (40%) about such an arrangement.

This topic was also addressed in the personal interviews with parents in their homes. Parents seemed a little more open about discussing some of the negative aspects of self-care, but most were happier with this than with any alternative. The minimal dissatisfaction they felt was not enough for them to seek other alternatives. In terms of child satisfaction, parents and children frequently reported the children had lobbied for such arrangements.

Problems and Worries

Parents with children who cared for themselves were asked if they had particular worries connected with this situation. For each worry mentioned (e.g., fires, boredom) the parent was also asked if the worry had ever been an actual problem--that is if it had ever happened.

Only 12 percent of the families in the total sample of Virginia telephone respondents used self- or sibling care and indicated they had specific worries about this situation; even fewer reported that their worries were, in fact, real problems. Looking just at the subsample of parents using self- or sibling care, more than half (54%) had some particular worry when their children were alone. Forty percent of the self- or sibling care families reported they had no worries. Exhibit 6.2 lists the concerns cited by parents.

Many parents had concerns that had not become problems. Thirty-seven percent of the self/sibling care families worried about accidents, but had not had an actual problem with accidents, while 9 percent also reported accidents as a problem. About 14 percent of the families worried about fear or anxiety by their child, but no one reported it as a problem. Sex exploitation was a concern for 5 percent of the parents and drugs for 4 percent, but neither was reported as a problem by any parents. In contrast to this trend was neglect of homework. Every parent who reported worrying about it also reported it as a problem (6%).

EXHIBIT 6.2: PARENT CONCERNS WHEN CHILDREN ARE WITHOUT ADULT SUPERVISION: VIRGINIA[1]

Concern	Percentage Worried (Not Problem)	Percentage Problems (and Worry)
Accidents	37	9
Juvenile deliquency/ peer group concerns	4	5
Too much TV	-	-
Nutritional concerns	-	-
Drugs	4	-
Alcohol	-	-
Sex exploration (with or by peers)	-	-
Sex exploitation with or (by adult/older child)	5	-
Homework neglected	-	6
School/grade problems	-	-
Truancy (cutting or skipping school)	-	1
Other problems in school	-	-
Loneliness	1	2
Boredom	2	-
Fear/axiety	14	-
Child feels unloved	-	-
Other emotional problems	-	1
Chores neglected	1	-
Fighting with siblings	1	3
Rule violation	2	4
Wear and tear on house	5	1
Fire	8	-
Intruders	15	3
Other	17	6

[1] These percentages are based on the 12% of the sample who responded to this item.

The first table entries should be interpreted as follows: Of the families in Virginia who use self/sibling care arrangements and who report having particular problems or worries, 37% worry about accidents, while another 9% have had a problem (as well as a worry) with accidents.

Data from the personal interviews generally corroborated the pattern presented here, although talking with the children usually revealed sibling fighting to be very frequent and more of a problem than reported by parents in the telephone interview. Younger siblings seemed to be the most affected family members.

Effects of Self-Care

More than half the parents whose children supervised themselves (56%) reported that this arrangement allowed the parents to do things they would otherwise not be able to do. Work, specific household tasks, and free time for civic or recreational activities were frequently mentioned. During the personal interviews parents also mentioned that the self-care arrangements freed them up for social activities (such as dating for single parents), overtime work, and educational pursuits.

Parents were also asked at what age their children began self-care; only 94 parents could recall the age (87% of the families using self/sibling care). (Because this number is too small for accurate percentages to be derived--100 respondents was the cut off--only raw frequencies are reported in this section on age at which children began to care for themselves.) Fifteen parents reported their children were caring for themselves by age 7, while 29 parents reported ages between 8 and 10. Another 49 households reported their children began taking care of themselves between ages 11 and 13, and one parent said at age 14.

All parents in the Virginia sample were asked at what ages they would leave a child alone in their neighborhood for various lengths of time. These data are presented in Exhibit 6.3. It is interesting to contrast actual versus hypothetical usage of self-care for school-aged children. The hypothetical age distribution, as expected, shifts higher (older) for longer and later time periods. The peak for periods less than one hour is around the 10- to 13-year age range; several hours of self-care peaks around 12 to 15 years of age. All day self-care had a plateau around 14 to 16, almost the same as that for all evening self-care.

EXHIBIT 6.3: AGES AT WHICH PARENTS WOULD LEAVE CHILD AT HOME ALONE: VIRGINIA

AGE OF CHILD

(Percentage of Parents Who Would Leave Child Alone at that Age)

Length of Time:	6	7	8	9	10	11	12	13	14	15	16	17	18	R	T	L
Less than one hour	1	2	6	4	18	6	23	13	8	7	4	1	3	4	1	100
Up to several hours (AM or PM)			1	1	8	3	18	13	15	15	11	1	8	4	1	100[1/]
All day					1	2	7	8	15	23	19	3	14	7	1	100[1/]
All evening					1	-	4	7	18	20	21	6	15	7	1	100[1/]

[1/] These totals exclude from the row percentages the 4% of households who responded never to "less than one hour." See text for comments on interpreting these data.

The most interesting contrast with actual practice is for the youngest children. Parents report that they would rarely leave children under eight alone, even for short times, yet in practice a sizeable group of parents did just that. Some parents (7%) will not leave their children alone during the day or evening even by age 18. Note that these comparisons are between the entire population of parents with school-age children (for the hypothetical age) and parents of actual self- or sibling care children who remembered the age their children began to care for themselves. The latter group is included in the first distribution, but they are a minority compared to the proportion of parents who did not report using self/sibling care.

Most parents (83%) also reported that adult help was available if needed. Typically this help was:

- a nearby friend or neighbor (90%)
- a phone call to parent/friend/relative (49%)
- a call from the parent (10%)
- a call to fire or police, etc. (9%)
- some other unspecified help (8%).

Almost half of the households with a child using self-care had older siblings who had used this mode (47%). Another third did not, and the remaining 20 percent had no older siblings or didn't know. Most of those who did have older siblings using self-care had only one other child do so.

Few households who used self-care for school-age child care arrangements have tried to locate other arrangements (7%). This lends credence to the high satisfaction ratings reported earlier, as did the discussions with parents in their homes. These discussions usually indicated that parents were aware their arrangements were not perfect, but when they considered all factors, they usually felt it was the best solution.

Special Instructions/Ground Rules

Most parents (89%) had special instructions or ground rules during the time their school-age children were without adult supervision. Only

4 percent had none, and 7 percent "didn't know." The ground rules are presented in Exhibit 6.4. Among the more frequent rules were stove/appliance restrictions, not letting anyone in, not having friends in, housework or chores, restricted area for play (e.g., own yard only), and regular check-in calls.

Additional In-Home Findings

A number of the families selected for followup in-home interviews used self/sibling care to some extent. Some had children who were alone for only 10 to 20 minutes, a brief period after school before the parent got home; others were on their own for 3 to 4 hours after school. Sometimes the school-age children had younger siblings and were responsible for them; if children were near the same age, they were often responsible for themselves. Evening and morning self-care periods were usually shorter when these arrangements were used at all.

Parents usually mentioned that several other children in the neighborhood were on their own for some period of time. They sometimes related neighborhood horror stories depicting how things can go wrong. Parents were asked at what age children should be allowed to decide their own activities, stay alone, babysit, etc. Results usually ranged from ages 10 to 15, with ages 12 to 14 the most common responses.

The activities parents reported their children engaged in while they were alone included:

- playing alone or with friends,
- homework,
- TV,
- chores,
- reading, and
- outdoor activities.

During self-care periods various rules were in effect. Phone calls to check in were high on many families' lists. Parents also reported their children liked the responsibility and the freedom of self-care, yet at the same time they had concerns about loneliness and children "growing up too fast."

EXHIBIT 6.4: GROUND RULES/RESTRICTIONS: VIRGINIA

Rule/Restriction	Percentage of Households Reporting Use[1]
Stove/other appliance restrictions	35
Can't let anyone in	33
Can't have friends in	23
Must do housework and other chores	22
Yard/restricted play area	22
Regular check-in calls	21
Can't leave home	14
Must do homework	14
Must keep door locked	11
Emergencies instruction procedures	10
TV limitations	7
Friends allowed in	7
Must leave note about whereabouts	4
Meal preparation	2
Curfew/bedtime	2
Other	9

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[1] These percentages are based on the 21% of the sample who responded to the self-care section of the instrument.

The table can be read as follows: Of the families who had rules or restrictions for their self/sibling care arrangements, 35% (statewide in Virginia) had stove or other appliance restrictions.

Consistent with the statistical data, most parents interviewed in-home reported their children had adult help nearby and that the child could phone any of several places to get help if need be. Some arrangements seemed definite (e.g., Mrs. Jones is always in; if not, she calls and arranges a back-up), and some were tentative (the Smiths are retired . . . they're usually home).

Parents often reported they would prefer to have the mother at home when the children got home, but that wasn't always possible. Many parents did treat weekends and evenings differently than afternoons; if they were gone for a long time during these periods, they would arrange alternate care.

Advice parents offered to other parents facing this choice of care arrangement for the first time was to lay down well-thought-out rules, monitor and enforce them carefully, check in frequently, and make sure help is available.

Children's responses corresponded well with those of parents most of the time. Some parents seemed to underestimate the time their children were alone--if the children's responses are accurate. Ages at which children thought they could begin to stay alone, decide their activities, etc., tended to coincide with parents' views, but the surprising finding was that this hypothetical age seemed to be older than that of the children in actual practice. For example, a 10-year old might say that in general a child should be 11 or 12 before being left alone. It was not clear whether these children were more mature than their peers or felt they were moving too far too fast for their own liking.

The activities engaged in while alone (as reported by children) coincided with parental reports. Children's interpretations of the rules to be followed were not always as complete as the rules parents reported. Also, children typically did not obey those rules. Some parents reported elaborate procedures for children to answer the phone, door, etc. Children often said they ignored the procedures. For example, a child in our sample who was not allowed to let strangers in admitted letting "construction workers who needed a drink" in for water.

The children often realized that their parents were not completely happy with the care arrangements; they too realized that other attractive alternatives were unavailable or they preferred the status quo. Most children in self-care thought they had too many restrictive rules, but many preferred self-care to having the mother at home, if they were in the 11 to 14 year age range. Younger siblings reported frequent fights and a preference for having their mother home in the afternoon.

Children rarely reported need for adult help, although it was often "readily" available. Lost keys, thunderstorms, and scary phone calls were cited as times when they felt they needed help. Children were asked how they would respond to fires, strangers, etc. Older children answered appropriately more often than younger children, who frequently gave inappropriate answers (e.g., go after strangers with a butcher knife). Some children did report "scary" occurrences when they were first alone, but these turned out to be household noises (automatic ice tray dumping, heater vents expanding, etc.). At the time, however, even these common occurrences seemed frightening to the children.

The advice children offered parents or other children beginning self-care was about the same as parents offered, except that the children wanted more trust and patience on the parents' part.

MINNESOTA

Satisfaction

In Minnesota 115 families (representing 24% (unweighted) of the sample; and 14% (weighted) of the families in the state) were eligible for the self/sibling care section of the telephone interview. All these parents were asked how well this care situation was working. Only one family responded negatively (i.e., not too well). The remainder reported that the situation was working either extremely well (59% of families statewide) or fairly well (40% of Minnesota families). Although most families reported that they were satisfied with their care arrangements, this degree of satisfaction and lack of dissatisfaction was noteworthy.

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These same families also reported overwhelmingly (95%) that there were advantages to self/sibling care. Benefits to the children mentioned frequently (see Exhibit 6.5) included:

- increased independence (86%),
- learning new survival skills (55%), and
- increased parent/child trust (14%).

Minnesota parents indicated that their children were also fairly satisfied with their self-care arrangements. Only one family reported negative feelings of the child concerning self/sibling care. Most families reported that their children had positive feelings (26% extremely happy, 50% mostly happy). Children having mixed feelings were reported by 21 percent of the families. Thus in Minnesota parents seemed to be more satisfied with self/sibling care than they indicated their children were.

In-home interviews with families where the children were responsible for themselves pointed out the complexity of these situations and the caution with which the above data should be interpreted. Parents did not leave their children in a care situation unless the parent felt comfortable with it. Thus the high satisfaction level with self/sibling care arrangements reflects households who have chosen such arrangements. Few parents admitted that their children were in a care situation that the parent was unhappy with.

Parents also identified some positive side effects. In addition to the benefits reported in the phone interview, one parent pointed out that "it opens up channels of communication between children and parents because a lot of issues have to be discussed before a child is left alone." Another positive feature was that it "gives kids a sense of what the parent is going through."

Permeating many of the in-home interviews was a sense of the inevitability of such a situation. Often the children had requested to be on their own and, as one mother put it, "when a child strikes out on her own, you have to give her some independence." Several families indicated that their self-care arrangement was on a trial basis -- as

EXHIBIT 6.5: BENEFITS OF SELF-CARE: MINNESOTA

Benefit	Percentage of Households[1]
Increased independence	86
Learning new survival skills	55
Increased parent/child trust	14
Quiet time for child	3
Other	14

[1] These percentages are based on the 24% of the sample who responded to the self-care section of the instrument.

The first entry is read as follows "Of the families in Minnesota who use self- or sibling care arrangements and who report a benefit from such arrangements, 86% mentioned increased independence as a benefit.

long as no problems surfaced (hence no reason to be dissatisfied), the children could continue to take care of themselves. As children get older, they should learn to be responsible, and looking after oneself is a part of growing up. One father put it this way: "Part of our child-rearing philosophy has always been to talk with our kids and teach them to handle risks." Children being on their own was part of this evolution.

Children typically were left alone for short periods of time, usually only during daylight hours. Some parents indicated they would be uneasy leaving their children alone after dark or for extended periods of time.

Even though a self-care arrangement was often at the request of the child, the children themselves were not usually enthusiastic about being at home alone. The most common complaint seemed to be boredom; children also indicated they were sometimes uneasy or scared when adults were not around. Older brothers or sisters often carried the brunt of the responsibility for babysitting and this prevented them from doing things with their friends.

Problems/Worries

Specific problems or worries were reported by 44 percent of families using self-care. The remaining 56 percent stated they had no particular worries. Parents who had concerns were asked to identify their particular worries. (See Exhibit 6.6.) Concerns are listed either as a worry (not a problem because the concern has not yet evolved that far) or as both a worry and problem.

Accidents were a worry for most self/sibling care families (63%), and 8 percent reported accidents as both a worry and a problem. Peer groups were a worry for 7 percent of the families statewide and a problem as well for another 6 percent. Neglecting homework was reported to be a problem by 10 percent of the parents. Eight percent of the parents worried about siblings fighting, and an additional 4 percent had problems with this as well. Rule violations had an identical pattern (8% worried, 4% had problems).

EXHIBIT 6.6: PARENT CONCERNS WHEN CHILDREN ARE WITHOUT ADULT SUPERVISION: MINNESOTA 1/

Concern	Percentage Worried (Not Problem)	Percentage Problems (and Worry)
Accidents	63	8
Juvenile deliquency/ peer group concerns	7	6
Too much TV	-	1
Nutritional concerns	3	-
Drugs	-	1
Alcohol	-	1
Sex exploration (with or by peers)	-	3
Sex exploitation with or (by adult/older child)	-	-
Homework neglected	-	10
School/grade problems	-	-
Truancy (cutting or skipping school)	1	-
Other problems in school	-	-
Loneliness	-	3
Boredom	1	3
Fear/axiety	4	-
Child feels unloved	-	-
Other emotional problems	-	-
Chores neglected	1	-
Fighting with siblings	8	4
Rule violation	8	4
Wear and tear on house	3	3
Fire	-	-
Intruders	-	-
Other	10	8

1/ These percentages are based on the 12% of the sample who responded to this item.

The first table entries should be interpreted as follows: Of the families in Virginia who use self/sibling care arrangements and who report having particular problems or worries, 37% worry about accidents, while another 9% have had a problem (as well as a worry) with accidents.

In-depth discussions with parents during personal interviews provided additional understanding of their specific concerns. Most of these parents expressed faith and trust in their own children; their more serious worries involved outsiders. A common fear of parents was a stranger in the house. A less awesome but more common problem that had occurred was that of the children's friends playing in the house. As in Virginia, Minnesota parents tended to minimize the problem of sibling fighting yet the children mentioned this problem frequently. Children may not tell their parents about their fights because they would still prefer to be on their own rather than have a babysitter or participate in a formal program.

A few families encountered specific problems. A divorced mother with two teenage girls had helped one daughter get off drugs when the younger one started on them. This mother needed to work to support her family but felt acutely that her absence contributed to these problems.

Another single working mother whose children were on their own for an hour before school each morning had just discovered her 10-year-old daughter skipped school eight times that year.

Effects of Self-Care

More than half the parents whose children supervised themselves (57%) reported that this arrangement enabled them to do things they would otherwise not be able to do. Work, specific household tasks, and free time for civic and recreational activities were frequently mentioned. Forty-three percent indicated that self-care gave them no such opportunities.

Parents were also asked at what ages their children began to care for themselves.[2/] Most parents of self/sibling care children (107;

[2/] The figures that follow are given in raw frequencies, not weighted percentages, because both states did not meet the minimum criterion for weighting, i.e., 100 respondents in each state.

95% of the self-care subsample) recalled the age. Fourteen parents reported that by age 7 their children were caring for themselves; 57 parents responded that their children began caring for themselves between ages 8 and 10. Another 35 families reported self-care started at ages 11 to 13, and one parent said at age 14. This distribution shows that self-care began at a younger age than reported for Virginia families.

All parents in the sample were asked at what ages they would leave their children alone for various lengths of time. These data are presented in Exhibit 6.7.[3/] As expected, the suggested ages for leaving children alone got higher as the time periods became longer or later (e.g., all day or evenings). The peak for periods of less than one hour is around the 8- to 10-year age range; several hours of self-care peaks around 10 to 12 years of age. All day self-care reached a plateau around ages 13 to 16, almost the same as that for all evening self-care.

In comparing the actual ages with hypothetical ages for leaving children alone, we find an interesting contrast for the youngest children. Parents report that they would rarely leave children under 8 alone, even for short time periods, yet in practice a sizeable group of parents did just that. Even when children are 18, some parents (5%) would not leave them alone during the day or evening. (Note that these two sets of figures are based on different respondent groups. The latter "hypothetical" self-care ages consist of parents of school-age children, including self/sibling care parents. The former is data from only self/sibling care families.)

[3/] Note that the low percentages for the last three rows of the table exclude the 2% of the respondents who replied "never" to "less than one hour," i.e., the percentages are figured on a slightly smaller sample size on the last three rows than for the first row.

EXHIBIT 6.7: AGES AT WHICH PARENTS WOULD LEAVE CHILD AT HOME ALONE: MINNESOTA

AGE OF CHILD

(Percentage of Parents Who Would Leave Child Alone at that Age)

Length of Time:	6	7	8	9	10	11	12	13	14	15	16	17	18	R	T	L
Less than one hour	2	5	14	12	24	7	21	4	4	2	2	-	-	2	-	100
Up to several hours (AM or PM)		1	1	3	15	9	31	10	15	7	4	2	-	-	-	100[1]
All day				1	3	3	26	13	17	16	13	2	4	2	-	100[1]
All evening					3	1	19	14	19	18	14	3	5	2	-	100[1]

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[1] These totals exclude from the row percentages the 2% of the total sample households who responded "never" to "less than one hour." See text for comments on how to interpret these data.

Most parents of self/sibling care children (94%) also reported that adult help was available if needed. This help was available through:

- a nearby friend or neighbor (85%),
- a phone call to parent/friend/relative (62%),
- a call to fire or police, etc. (24%),
- a call from the parent (18%), or
- some other unspecified help (9%).

More than half of the households using self-care had older siblings who had used this same type of arrangement (60%). Another 27 percent of the families were trying self-care for the first time, and the remaining 13 percent had no older siblings. Most of those who had older siblings using self-care had only one child doing so, although the range extended up to seven children, with a number of families reporting two and three older brothers or sisters who also cared for themselves. This contrasted with the Virginia data where most self/sibling care families had used this care arrangement with only one child before.

Few households who used self-care as a child care arrangement for school-age children had tried to locate other arrangements (4%). This low rate is consistent with the high satisfaction ratings reported earlier. High satisfaction may also be associated with the previous experience of Minnesota families in using self- or sibling care, since many of the households reported older brothers and sisters taking care of themselves.

Special Instructions/Ground Rules

Most parents whose children cared for themselves (95%) had special instructions or ground rules for the time their school-age children were without adult supervision. Only 5 percent of the families reported no ground rules. Specific instructions or rules given to the children are listed in Exhibit 6.8. Among the more common ground rules mentioned were stove and appliance restrictions, not letting anyone in, not having friends in, housework or chores, restricted area for play (e.g., own yard only), not leaving home, and regular check-in calls.

EXHIBIT 6.8: GROUND RULES/RESTRICTIONS: MINNESOTA

Rule/Restriction	Percentage of Households Reporting Use[1]
Stove/other appliance restrictions	30
Can't let anyone in	28
Yard/restricted play area	26
Can't have friends over	24
Can't leave home	24
Must do housework and other chores	21
Regular check in calls	12
Keep door locked	11
Emergencies instruction procedures	11
Must do homework	8
Friends allowed over	8
Meal preparation	8
TV limitations	7
Note for whereabouts	5
Curfew/bedtime	5
Other	9

[1] These percentages are based upon the 24% of the sample who responded to the self care section of the instrument.

This table should be read as follows: Of the parents who had rules/restrictions while their children were caring for themselves, 30% (statewide) had stove or other appliance restrictions.

During the in-home interviews self/sibling care children and parents were asked specifically about ground rules. Children frequently neglected to mention particular instructions or acknowledged the existence of a rule with some consistency but indicated that they disregard the rule. This occurred especially with instructions on answering the telephone and the door. The children knew they were not supposed to answer the door or tell people over the phone that their parents weren't home, yet they indicated that these rules often seemed "silly" and they exercised their own judgement.

Some parents considered themselves "trial and error" parents who made up the rules as they went along. Others laid out the rules and practiced them with their children. (For example, one family conducts periodic fire drills.) Most parents underscored the importance of ground rules: "I don't want to make kids fearful, but they need to be prepared. There is a difference between preparing and overprotecting kids."

Additional In-Home Findings

Children who took care of themselves were asked at what age they thought children should be allowed to do this. As in Virginia, children consistently gave ages older than their current age, usually by one to two years.

Children were also asked what they would do in specific situations: if a stranger came to the door, if a fire broke out, if someone got hurt, etc. Not surprisingly, older children tended to give more realistic answers, although at times their responses were not altogether logical. Most children said they would call their mother or run to a neighbor for help. (Follow-up questions indicated that a parent was not always accessible by phone and that neighbors were not necessarily available.) Some children exhibited a maturity that was surprising; one child knew that in case of fire she should feel the door to see whether it was hot before opening it. In contrast, other children had inappropriate reactions, such as a child who said he would get a knife if a stranger came to the door.

By far the most common activity the children engaged in when alone was watching television. Listening to records, reading, and doing homework were also mentioned.

Parents were asked in the in-home interview how they could tell when children were ready to be left on their own. Parents emphasized that the decision had to be on an individual basis; they looked for maturity, responsibility, and common sense. One parent noted that deciding when a child was ready was "a cumulative process built up over time, not just one moment."

Parents of self/sibling care children were also asked what advice they would give other parents contemplating leaving a child alone. The following comments are representative:

- "It works! It's easier than you think."
- "Find a neighbor with sharp eyes and a big mouth."
- "Approach it incrementally--don't dump. If you've gone too far, cut back and start over again."

Summary

Minnesota and Virginia parents using self/sibling care indicated they were generally satisfied with the arrangement. Parents in Minnesota, however, expressed a higher level of satisfaction than those in Virginia. In both states, parents did not think their children were quite as positive about caring for themselves.

Worries and problems of the families in the two states were similar. Accidents were the most common worry but were rarely reported as an actual problem. Neglecting homework, on the other hand, was consistently reported as a problem.

Parents in both states tended to hypothesize an appropriate starting age for self-care that was somewhat older than the actual age of their own children when they started caring for themselves. Children also suggested that youngsters should be somewhat older than they were before being left alone. Minnesota seemed to have more families than Virginia with more older children who had also taken care of themselves.

Virginia and Minnesota parents typically gave their children ground rules for when they are alone. In-home interviews in both states indicated that the children often selectively ignored some of these instructions.

It is difficult to compare these findings with those of other studies since there is little consistency in the data across other research endeavors. (See Chapter 1 for a review of relevant child care literature.) The incidence of self-care is variously estimated at 13 percent (Census Bureau) and 28.5 percent (Family Circle). In both Minnesota and Virginia the telephone survey data indicate an incidence rate of approximately 14 percent; this estimate rises to about 31 percent when looking strictly at families where the parents work full-time. (Chapter 3 reported breakdowns of child care usage by the employment status of parents.)

While there is no concensus on accurate statistics about children who care for themselves, qualitative information gathered in this study confirms that of other research and popular magazine articles. We found that children outgrow other forms of child care--such as centers, family day care homes, and babysitters--and begin caring for themselves at an age slightly too young to be comfortable. Self/sibling care children were sometimes nervous or frightened when they were alone and, although parents were genrally satisfied with how this arrangement was working out, they also worried about a variety of situations.

7

OTHER SPECIAL STUDY ISSUES

This chapter presents the findings of three special substudies included in this survey: (1) employer-assisted child care; (2) families whose child care subsidies have been reduced or cut-off; and (3) families who for various reasons have unusually complex child care arrangements. Each issue is discussed in a separate section. Findings of the telephone survey are incorporated with insights and perspectives gained through personal interviews of parents, child care providers, and service leaders.

Employer-Assisted Child Care

Background

One of the most innovative child care arrangements of the past several years has occurred within the business community. Employers in the United States have become increasingly concerned about how family and lifestyle pressures--including child care--affect their employees. This growing involvement is motivated by complex social changes that affect business interests. Of particular significance are the influx of women and single parents into the labor force, the reduced capacity of community services to help working parents, and pressures within the business sector to maintain productivity in our increasingly competitive environment (Wheelock College, 1981).

Businesses want to reduce turnover and absenteeism and improve morale and recruitment capabilities. Labor shortages have been most apparent in banking, insurance and high technology industries, and in hospitals, where new management initiatives have also been most prevalent.

The Federal government has acted to encourage business support of child care, a trend consistent with "new Federalism" policies. Support has come in the form of information, such as the Department of Labor monograph, Employers and Child Care: Establishing Services Through the Workplace, designed to aid employers, union leaders, and employee groups. The Administration for Children, Youth and Families is sponsoring a National Employer-Supported Child Care Project that recently completed a national survey and thus has information on all known employee-supported child care programs in the country. Needs assessment and "how-to" materials for use by employers are also being developed. Enactment of the Economic Recovery Tax Act of 1981 has provided further business incentives. In addition to providing tax benefits for employees with dependent children, the Act revised the depreciation provisions that help employers to write off or recover the costs of capital expenditures, such as day care facilities (Commerce Clearing House, 1982).

The types of child care assistance that employers have provided vary considerably. Businesses have responded to families' and communities' needs for services, information, funds, and new patterns of allocating time to home and work life. Specific forms of child care support have included indirect aid, such as:

- alternate work schedules, i.e., flexible hours, part-time employment, and job-sharing;
- maternity/paternity leave;
- sick child leave;
- child care information and referral services;
- work site parent training and child care seminars;
- technical assistance in management and business practices to child care service organizations; and
- contributing funds, materials, and facilities to local child care providers.

More direct forms of child care support are also varied and have included:

- administration of a child care program by a single employer or business consortium on or near the worksite;
- purchase or subsidy of child care slots for employees with specific local providers;

- voucher payments to parents to support or subsidize their choice of child care service;
- special service contracts with local providers for sick child and emergency care; and
- establishment of family care provider networks to serve employees.

Adoption of a specific type of assistance depends on the goals, resources, and needs of each management/labor group. One of the newest personnel benefit concepts provides options to each employee. Flexible benefit plans, also known as "cafeteria" plans, allow employees to choose the benefits they want from a range of alternatives. Flexible benefit plans are still a relatively new innovation and have not been widely adopted, in part because of the administrative complexity of implementing such plans. However, the Dependent Care Tax Credit, established under the Economic Recovery Tax Act of 1981, provides more incentive to add a child care assistance program to the benefit options offered under flexible benefit plans.

Given the high interest in this topic on the part of consumers, private industry, and public officials, we included in our data collection instruments special sections devoted exclusively to employer-assisted child care issues. The results of our interviews with parents, child care associations working with employers, and with providers of employer-assisted child care, are presented in this chapter.

Findings from the Telephone Survey

Respondents were asked whether particular types of child care assistance were offered by their employer (or their spouse's employer), and if so, whether they used the assistance. The types of assistance included:

- providing information and/or a referral service for child care;
- allowing employee to work flexible hours in response to care needs (not just on an occasional basis);
- paying all or part of the cost of care that the employee finds;
- operating centers or family day care homes for which employee pays cost;

- acquiring slots for care and paying all or part of cost;
- acquiring slots for care but employee pays all cost; and
- any other.

The findings for respondents in Minnesota and Virginia are presented in Exhibits 7.1 and 7.2, respectively. The data for both states are quite parallel, with nearly identical patterns of availability and usage. Despite the fact that Minnesota has been on the forefront of employer-assisted child care services, these benefits are typically for infants and preschoolers, rather than school-age children. Thus usage of this assistance for school-age children was similarly low in both states. Flexible hours were offered and used more frequently than any other type of support. Approximately one-quarter of the respondents indicated that flexible hours were permitted for meeting child care needs, and about one-fifth of the respondents took advantage of this benefit. Other types of assistance were less available and, when offered, were often not used. Possible reasons for not using available assistance could include a non-working spouse caring for the child, part-time work schedules, the inconvenience or unacceptability of care services arranged through the employer, and inability to use flexible hours because of the nature of job responsibilities.

In all cases, some proportion of respondents did not know whether any types of assistance were available through their employers or their spouse's employers. It is not unusual for some employees to be uncertain of their job benefits, but this finding may also indicate that employers do not adequately inform all personnel about possible child care assistance available to them.

Respondents who indicated that they used employer assistance were asked whether this support had any of the following job-related outcomes:

- arrived on time more often or left early less often;
- used less sick leave;
- made fewer personal telephone calls;
- stayed or planned to stay at job longer;
- assistance made working possible (could not work otherwise); and
- other outcomes.

EXHIBIT 7.1: AVAILABILITY AND USAGE OF EMPLOYER ASSISTANCE FOR CHILD CARE: MINNESOTA

Type of Employer Assistance	Offered and Used	Offered Not Used	Not Offered	Don't Know Whether It Is Offered
Information and referral	--	9%	84%	7%
Flexible hours	22%	6%	67%	5%
Full or partial payment- (Employee selects care)	0%	1%	93%	6%
Operating center or family care home (employee pays costs)	--	3%	93%	4%
Acquiring care slots (employer pays all or part)	--	--	95%	5%
Acquiring care slots (employee pays)	--	2%	92%	6%
Other	3%	--	91%	6%

- Proportions based on weighted data.
- Repondents: 80% of total sample; question was not applicable to 20% of sample who were single non-working parents or where both parents were self-employed.
- Categories are not mutually exclusive; respondents were asked to indicate all that applied.

EXHIBIT 7.2: AVAILABILITY AND USAGE OF EMPLOYER ASSISTANCE FOR CHILD CARE: VIRGINIA

Type of Employer Assistance	Offered and Used	Offered Not Used	Not Offered	Don't Know Whether It Is Offered
Information and referral	--	8%	86%	5%
Flexible hours	20%	5%	69%	6%
Full or partial payment (employee selects care)	--	--	96%	3%
Operating center or family care home (employee pays costs)	2%	4%	92%	2%
Acquiring care slots (employer pays all or part)	--	--	96%	3%
Acquiring care slots (employee pays)	1%	2%	93%	4%
Other	4%	1%	93%	3%

- Proportions based on weighted data.
- Repondents: 84% of total sample; question was not applicable to 16% of sample who were single non-working parents or where both parents were self-employed.
- Categories are not mutually exclusive; respondents were asked to indicate all that applied.

The results of this question are presented in Exhibit 7.3. The response patterns in each state are again very similar. Since nearly all respondents who used employer-assisted care were using a flexible schedule benefit, the respondents to this question probably based their replies on experience with flexible scheduling as the type of employer benefit. A large majority (81 percent in Minnesota and 95 percent in Virginia) indicated that they were staying--or planned to stay--longer at the job because child care assistance was available. A substantial proportion (50 percent in Minnesota and 36 percent in Virginia) indicated that working was possible only with the available care support. Each of the other outcomes occurred for more than half of the respondents. Employees using child care support(s) available through their job clearly perceived a strong positive effect on their work performance and their interest in remaining with that employer; many felt the child care support was critical if they were to work at all.

Findings from Personal Interviews

During personal interviews, parents of school-age children, service providers, and local and state professionals concerned with child care were asked about their experiences with and views of employer involvement in child care. These findings tended to support telephone survey data and provided further perspective on business sponsorship related to school-age children.

As with telephone respondents, the large majority of parents interviewed in person did not have employer assistance of any kind in providing child care. However, discussions with parents confirmed the relative availability of flexible scheduling compared with other types of assistance, and the importance of such flexibility to those families who used this benefit. For some parents, the flexibility to respond when necessary to unexpected child care needs (e.g., emergencies, a child who became sick at school) without risking disapproval on the job was as a significant aspect of their employment situation. Others had arranged their regular work schedules to be able to see their children off to school or to return home earlier in the afternoon than would ordinarily be possible. The formality with which such arrangements were made with employers varied depending on the size of the organization.

EXHIBIT 7.3: JOB-RELATED OUTCOMES OF EMPLOYER ASSISTANCE FOR CHILD CARE

	Minnesota		Virginia	
Outcome for Respondent or Spouse	Has Occurred	Don't Know	Has Occurred	Don't Know
Arrived on time more often or left early less often	70%	4%	68%	0
Used less sick leave	59%	8%	61%	0
Made fewer personal telephone calls	71%	2%	60%	1%
Staying (or planned to stay) on job longer	81%	7%	95%	1%
Made working possible	50%	0	36%	1%
Other	18%	0	27%	1%

- Proportions based on weighted data.
- Repondents: 19% of sample in both Minnesota and Virginia.
- Categories are not mutually exclusive; respondents were asked to indicate all that applied.

Although child care benefits were largely unavailable to the parents interviewed, most were aware of such trends among larger corporations. Most parents strongly endorsed business assistance for child care and felt that it would offer mutual benefits for employers and personnel. Only a few parents felt that child care was not an appropriate concern of business but was exclusively a family responsibility.

Parents often felt that employer assistance was unlikely where they worked. One mother, a single parent with one school-age and one preschool child, spoke from her perspective as steward of her health care workers' union local, which includes four units providing outpatient group medical services. "I can identify 16 women in the one clinic I work in that are single parents....but our local negotiated for 16 months before we had any contract....It was a real up hill battle just to get basics like overtime compensation and salaries." Although she felt child care support would be a significant work benefit, especially given the large number of female workers in health care, this seemed highly unlikely to her in the foreseeable future. Commenting on the low incomes of most women, including those who provide child care, she added: "I really wish women made enough money to pay (other women) what child care is worth."

Her concern appears to apply to the situation in Virginia, too. Interviews with parents and discussions with employers attending a conference on employer-supported child care indicate a less than optimistic picture for the near future. During economic downturns with corresponding high unemployment, most employers are able to hire all the employees they need when and where they need them and at the employer's price. The employers can't justify the added expense of a child care benefit during these times, particularly when they feel that it would place them at a competitive disadvantage (they have an added expense their rivals don't). Until it is more widespread, until it will prove cost effective, until all the "bugs are worked out" (particularly with regard to tax incentives and legal requirements), most employers say they won't be interested in offering this benefit. A few employers are already convinced that the time is right and that it is cost effective now; others feel it is right even if it is not cost effective in the short term. Most employers, however, do not express these viewpoints.

Despite the shop steward's experiences within the health care industry, hospitals have been in the forefront of employer-assisted child care, particularly in arranging various direct child care services for employees. Primary incentives for hospital involvement have been the large proportion of female staff combined with the requirements for round-the-clock shift work.

An interview was held with three mothers whose school-age children regularly used the Mt. Sinai Hospital Child Care Center in Minneapolis. All three were single parents of young school-age children (6 to 9 years old). One was a nurse, one a dietician, and one a cafeteria worker at the hospital. The impact of the child care center was voiced most strongly by the nurse.

When she started to work in nursing her hours were "weird;" arranging child care was a "mess" because of the number of different people she had to hire for different days and different hours of the day. She heard about the plans for the child care center--

> "that was one of the reasons I came here to Mt. Sinai. That's my option to really work .... I can work full-time, support my kids, and go about my business .... So it's been a lifesaver for me. It's given me the opportunity to work full-time and feel my kids are safe. They're right close to me, too, which is another real nice fringe benefit, so if something should happen to them or they need me, I'm right here .... It's terrific."

When asked about the responsibility of an employer for child care assistance, this woman noted:

> "This is a real positive thing for any employer to do, particularly in a neighborhood like this, because it does give people the opportunity to work that (they) might not have otherwise ... If the government's going to go the way it's going to go ... it's to (a business's) advantage to pick up (some of the child care responsibility) ... in keeping employee turnover down, keeping their employee morale in a better position, offering something to their community ... in bettering the position of women, particularly single women ... They can do it that way or pay through taxes and we can all stay on AFDC. There's a real give and take there ... where they get what they put into their community."

Users of such a benefit differ in their views of responsibility for child care, however. Another employee using the center commented:

> "I still don't feel like it's business's responsibility, but I agree that it does help ... employee morale, employee turnover ... in some cases, absenteeism .... Businesses that do (support child care) will be looked at in a better light."

None of these parents realized the extent to which the hospital was responsible for starting and subsidizing the day care program. With respect to care for school-age children, the Mt. Sinai Hospital extended its efforts further than other employers involved in providing or subsidizing direct care in the Minneapolis-St. Paul metropolitan area and surrounding suburbs. It was the only direct service program among about 15 supported by businesses (hospitals, educational institutions, nursing homes, and individual industries) that was provided before and after school care. The particular needs of school-age children for transportation to and from school, and for space, facilities, and activities appropriate to older--and larger--children seemed to be significant factors operating against including school-age children in these programs.

The Mt. Sinai Center opened in November 1981 and serves infants, toddlers, and school-age children in several buildings next to the hospital. The Center is open from 6 a.m. to midnight. Children may attend regularly or on a "drop-in" basis when care is needed. Enrollment is open to community members as well as hospital employees, but employees do get a discount on child care costs; the hospital makes up the difference to the Center. Operation of the Center is under contract to Child Development Associates, a local organization that advocates and consults with businesses on child care benefits and develops new service programs.

Interviews with staff of the Mt. Sinai Center revealed some of the difficulties in serving older children in a program geared to the needs of hospital staff. On the plus side the Minneapolis school system will arrange transportation between the Center and the school by adding a special bus stop if the stop is used at least three times a week. In practice, however, both Center staff and parents reported that persistent phone calls and intervention was needed for weeks to assure that transportation was provided where and when it was needed. This option was available only to families residing in the city of Minneapolis. Most children served at the Center are infants and toddlers; school-age children have not attended regularly and in sufficient numbers to warrant allocation of additional space and staff to address their needs. As a result, the older children (age 8 and above) have often not been happy there; they see the Center as a "baby" program, and have come to the Center mostly on a "drop-in" and occasional basis. This has perpetuated difficulties in starting a program for this age group that is designed specifically to meet their developmental needs. The lack of special space and staff for older children has also interfered with maintaining program continuity for school-age children, an already difficult task for an 18-hour-per-day service.

> "When my kids come in, they start off with the day staff, then they move for dinner and the early evening over to the toddler center with a different staff. And then they move from that staff to the infant center, and for the night time staff, the putting to bed staff. And then there are different people on different days ... and substitutes ...."

At the time of our visit, the Center had been open just more than half a year. To some extent, therefore, staff and parents viewed these difficulties as typical start-up problems for a new center. At the same time, those involved recognized that services for older school-age children have their own requirements and problems. The experience of this employer-supported program in solving these difficulties--and maintaining sufficiently regular service demand to support their efforts--may be instructive for other businesses that plan to start new child care programs or expand existing services.

Although this program was the only identified employer-supported center set up near the worksite that was serving school-age children in the Minneapolis-St. Paul area, numerous businesses in this area provide some form of child care assistance that might, like I&R, encompass care for children of all ages. (Indeed, the relatively high level of employer support for child care in Minnesota was a factor in selecting this state for the study.) To obtain a broader perspective on local employer-assisted programs, interviews were held with directors of two business and child care projects in the metropolitan area: the Business and Child Care Project of the Greater Minneapolis Day Care Association (GMDCA), and the Parents in the Workplace Project of ABC, Inc., in St. Paul. (An overview of each organization is presented in Chapter 8.)

Both projects work to inform local businesses about alternative approaches to child care support and seek to interest and help them develop and implement a child care plan for employees. Each project received some start-up funds in 1981 from the state (CETA 4% discretionary funds) and has solicited additional funds from foundations and area businesses. Their plans for continuing operation include fees charged to business for services such as feasibility studies and needs assessments, technical assistance, training seminars, and so forth. These two projects have worked together in the Twin Cities area, organizing conferences and seminars for businesses on child care to stimulate interest and educate the business community.

Products developed by these projects deserve special note. In 1982 GMDCA published a "Business and Child Care Handbook"[1/] that includes information for child care costs, program options, and assessment of needs. The handbook also includes a listing of employer-sponsored child care programs in the United States by type of program as well as a lengthy bibliography and list of resource organizations.

Parents in the Workplace produced a series of six "reports" in the form of bulletins, each addressing a specific topic related to employer involvement:

1) The Impact of Working Women On Business,
2) Minnesota Business Survey,
3) Taxes and Child Care Programs,

[1/] The handbook may be purchased from The Business and Child Care Project, GMDCA, The Lehman Center, 1006 W. Lake Street, Minneapolis, MN, 55408.

4) On-The-Job Parent Training,
5) Child Care Delivery System, and
6) Flexible Benefits.[2/]

The report on the Minnesota Business Survey is particularly interesting and contains highlights of findings from the organization's 1981 survey of almost 500 businesses across the state.

The directors of both projects felt that the recent decline in business profits and greater availability of labor represented a short-term barrier in Minnesota to employer assistance in child care. They did see larger corporations looking further ahead and anticipating labor shortages, however, particularly in high technology industries. They felt that business support for child care will grow in the long run, at least in some industries, as employers recognize the value of such programs in attracting and retaining qualified staff and promoting productivity.

Complex Care Arrangements

Some families use a number of different care arrangements for a single child or, if they have several children, each child uses a different type of care. This can result in a complex situation for the family. This study included a special substudy of families with complex care situations to find out why parents make complex arrangements and the advantages and disadvantages of such a situation.

A family's care was defined as complex if it involved:

- any one child who has three or more modes of care for before school, after school, or evenings during the week.
- any one child who has six or more different modes of care during weekdays before school, after school, and in the evenings.
- a family with two or more school-age children whose care arrangements total five or more different modes of care for before school, after school, or on the evenings.

[2/] These reports are available from Parents in the Workplace, 906 North Dale Street, St. Paul, MN 55103; (612) 488-7284.

- a family with two or more school-age children whose care arrangements total eight or more different modes of care during weekdays before school, after school, and in the evenings.

The findings indicated that complex care arrangements as defined here were infrequent, arranged primarily to meet childrens' needs (rather than parent needs or provider limitations), and identified more benefits than problems for family members.

Only 65 families of the total of 962 (or 6.8 %) participating in the telephone survey in both states were within the survey definition of complex care.[3] This included 40 families in Minnesota and 25 families in Virginia. Exhibit 7.4 presents the findings on why complex arrangements were made. Costs or provider restrictions were major considerations in only a few cases; parent's job schedules and, most often, special needs of children--including a need for variety--appeared to be more significant factors.

Only six respondents indicated that their complex care arrangements caused them any problems; only five indicated that any problems were caused for their children. On the contrary, a majority (42 out of 65 respondents) felt there were benefits to them as parents as a result of their care arrangements. (See Exhibit 7.5.) A majority of respondents (57 out of 65) also identified specific benefits for their children because of the care arranged. (See Exhibit 7.6.)

The telephone survey findings on reasons and benefits were supported in personal interviews with several families who had complex care arrangements as defined here. As noted earlier, these families did not view their own situations as unusual. The varied care arrangements seemed to be taken for granted, often as the means for children to

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[3] The in-home interviews with a few families classified as having complex care arrangements indicated that our classification was not accurate all the time. These families usually didn't feel their circumstances were unusual or that the care pattern was particularly complex. They often felt the nature of the data collection process (telephone interview, two modes coded, etc.) confused the issue and appeared to add complexity that wasn't really there.

EXHIBIT 7.4: REASONS THAT FAMILIES USE COMPLEX CARE ARRANGEMENTS[1]

Reasons For Complex Care Arrangements	Minnesota[2] Number of Families	Virginia[3] Number of Families
To meet children's special needs	11	11
To provide variety for child	12	8
To save on costs	0	5
Because of parents' unusual job schedule	12	7
Is children's preference	6	5
Can't get desired care provider for most or all time periods	1	1
Age requirements of care prevented serving siblings together	0	0
Waiting list too long	6	6
Other	4	1
Don't know	1	0

[1] Data are unweighted, raw frequency counts. Categories are not mutually exclusive; respondents were asked to indicate all that applied.

[2] 40 out of 486 households in Minnesota responding.

[3] 25 out of 476 households in Virginia responding.

EXHIBIT 7.5: BENEFITS TO PARENTS ASSOCIATED WITH COMPLEX CARE ARRANGEMENTS [1]

	Minnesota[2]	Virginia[3]
Benefit to Parents	Number of Families	Number of Families
Children supervised all or most of time	3	4
Parent is free to work	7	7
Parent is free to go to school	2	0
Parent has some free time	5	5
Like the idea of varied situations	10	4
Cost savings	0	1
Other	6	6
Don't know	0	2

[1] Data are unweighted, raw frequency counts. Categories are *not* mutually exclusive; respondents were asked to indicate all that applied.

[2] 40 out of 486 households in Minnesota responding.

[3] 25 out of 476 households in Virginia responding.

EXHIBIT 7.6: BENEFITS TO CHILDREN ASSOCIATED WITH COMPLEX CARE ARRANGEMENTS[1]

	Minnesota[2]	Virginia[3]
Benefits to Children	Number of Respondents	Number of Respondents
Avocational (can pursue hobbies, acquire new interests)	14	9
Education (learning new things, extra school help)	17	10
Social (making new friends, less shy)	13	10
Emotional (is more independent, is happier)	16	8
Varied care is child(ren)'s preference	2	5
Other	5	0

[1] Data are unweighted, raw frequency counts. Categories are not mutually exclusive; respondents were asked to indicate all that applied.

[2] 40 out of 486 households in Minnesota responding.

[3] 25 out of 476 households in Virginia responding.

include particular activities, e.g., sports and community activities, clubs, music or dance lessons, in their regular schedules.

The limited data here preclude drawing any broad conclusions, but the findings suggest that families have not been forced to adopt such arrangements by costs or provider restrictions, but have chosen complex care arrangements to suit personal preferences.

Reduced or Eliminated Subsidies for Child Care

A final special study issue was to examine the effect on families when child care subsidies were reduced or eliminated. Subsidies included aid toward child care received through state or local sources, Title XX, Title IVA or B, AFCD, WIN, or food stamp programs. Only 18 respondents indicated that they had used any care arrangements during the past year for which the government helped to pay. Of these, half indicated that their aid had been reduced or cut off in the past year. Because of the small number of respondents in this substudy, the issues related to subsidy reductions could not be examined. Note that at the time this study was conducted, the impact of any budget cuts would not yet have affected individual families. (Since budgets are usually decided several years in advance, cuts made this year or last year affect 1983 and 1984 spending.)

8

COMMUNITY CONTEXT AND ALTERNATIVES

The purpose of this chapter is to describe the community context for school-age care at the state and selected local levels and to examine potential community child care alternatives. Most of the information in this chapter comes from our in-home personal interviews with families and from phone and in-person discussions with state officials and child care providers. For both Virginia and Minnesota, the chapter describes topical areas covered in the interviews, the context within which school-age care is provided, supplier viewpoints, and parents' and children's ideas for improvements. A discussion of the similarities and differences between the two states concludes this chapter.

To understand the context within which school-age child care services are provided in the study states, interviews were conducted with state and local officials knowledgeable about policies and practices on this subject. This included state legislators and state and local directors and staff members of agencies involved in research, licensing and/or funding for school-age day care. Discussions with state and local officials centered on current sources of funding, organization of state and local services, views on school-age care programs and services, and future trends. The remainder of this chapter contains a synthesis of information for each state gained during these interviews.

VIRGINIA

Background: State and Local Day Care Activities

The Commonwealth of Virginia has never played a major role in funding or providing for school-age day care. The counties have been relatively free to pursue their own strategies for services. This has resulted in wide diversity in the types of programs provided throughout the state--from the jurisdictions of Northern Virginia, where children caring for themselves is widely acknowledged and dealt with via "survival skills" courses and public school-based before and after school programs--to the rural areas that continue to dominate the state politically, where little demand for day care services is evident. Arlington and Fairfax Counties are known for their school-age day care programs and they have good collaboration between the public schools and county government.

Licensing has always been considered the major state role in day care. The Virginia Department of Welfare began its involvement in day care when the state legislature mandated licensure of day care centers in the 1930's and of family day care homes soon thereafter (Division of Social Services, 1978). Its current licensing responsibilities include 500 centers and 130 family day care homes serving approximately 31,000 children.

Not until the passage of Title XX in 1975 were day care services required to be provided to eligible families upon request. According to the 1978 Comprehensive Plan, local departments of social services are mandated to provide eligible families the following day care services:

(1) authorize, arrange, and pay for day care services;
(2) recruit, screen, and approve family day care home and in-home providers;
(3) arrange for and purchase supportive services; and
(4) counsel parents, children, and providers about day care programs.

Some local agencies also assume responsibility for monitoring, evaluation, and training.

Day care is the second largest service program in Virginia's Title XX program. Annual expenditures average more than $8 million. Approximately 6,000 family day care homes and 40 to 45 percent of all licensed day care centers participate in the Title XX program.

Virginia's child care standards appear to be more comprehensive than most states. According to Bugg (1980), of the 25 states that have licensing standards specific to school-age child care programs, Montana, Illinois, and Virginia have the most comprehensive requirements. The Department of Welfare prepared a "Comprehensive Plan for Day Care Services in Virginia," resulting from the documentation of statewide day care needs. The following state and local service components were addressed in this plan: goals; staff development; recruitment and screening; provider training; rates and purchase of services; integration with other services; gaps in resources; legislative support; monitoring and evaluation; policy development; and caseload standards. For each component, objectives, issues, and strategies were described. Several licensing issues are or have been, the topic of debate. There is some sentiment within the day care community for licensing sectarian centers and hospitals. A state bill passed several years ago exempted sectarian and hospital-sponsored centers from licensing. A recent attempt to impose licensing fees on providers was unsuccessful.

The state legislature also became involved in the debate about extended day (before and after school) programs. The legality of these programs, initiated in 1969 in Arlington County, has been challenged; this challenge resulted in an opinion rendered by Attorney General Marshall Coleman in 1978 that ".. public schools are not legally authorized to operate day care centers, but they could allow programs operated by other groups to use school property" (Levine and Seltzer, 1980). Because of the support for this program, H.B. 1726 was passed; the bill allows Arlington County and Falls Church school boards to provide programs temporarily for school-age children before and after school hours. The bill also required the Division for Children to study the utility of these programs and to report its findings and recommendations to the Governor and General Assembly. A Task Force appointed by the Division for Children to study this issue included representatives from a variety of agencies and perspectives on day care, such as researchers, day care chains, the Department of Welfare, the Department of Education, representatives from the extended day programs, private providers, and professional associations. The results of this study are to be considered by the governor and the legislature in 1984.

Current Day Care Activities

Four state agencies are involved in some way in the provision of school-age care services: the Department of Welfare, the Division of Children, the Department of Health, and the Department of Education.

- The Department of Welfare plays the most significant role--it licenses and regulates day care providers.
- Fire and other health and safety regulations in day care centers are the province of the Department of Health.
- The Department of Education is responsible for evaluating the educational effectiveness of the extended day programs mentioned previously. They also assist after school programs sponsored by community education.
- The Division of Children was established to serve as an advocate for the welfare of children. Recently the Division has been involved in documenting the extent of reductions in programs of the Food and Nutrition Service, U.S. Department of Agriculture, and in planned versus actual expenditures of Title XX funds. The agency has also been developing support for a bill to be introduced in the next session of the General Assembly to provide a state subsidy for child care.

Other participants in the day care arena include the state and regional day care associations. These organizations serve grantsmanship and advocacy functions. The Virginia Association of Early Childhood Educators is a professional organization of more than 1500 members with a variety of affiliations--day care providers, school administrators, teachers, and parents--whose pursuits have included:

- getting kindergarten legislation passed;
- supporting formation of the Division for Children; and
- finding ways to cope with loss of government subsidies.

The regional associations--Tidewater Childcare Association, Central Virginia Child Development Association, Northern Virginia Coalition, and the Roanoke Valley Community Coordinated Child Care

Committee--perform a variety of functions, including providing liaison with the state, operating a day care center, obtaining funding, providing information and referral, and organizing constituent providers. Certain associations are very active; others are not. Funding sources for association activities also vary.

Public School-Based Programs

Northern Virginia is one of a growing number of sites nationwide that has experimented successfully with public school-based before and after school programs (extended day). We talked with the coordinators of these programs for Fairfax and Arlington Counties. The Arlington County program is more comprehensive, since all elementary schools in the county are participating. Funded at $700,000 in fiscal year 1982, this program serves 1200 school-age children. Approximately two-thirds of the budget is provided from parent fees; the remainder is from the general tax fund. A sliding fee structure is used for the three levels of programs--kindergarten, morning, and afternoon care. The program serves only children of working parents or full-time students. Enrollment has been steady for the last several years, even though the school enrollment for this age group has declined.

School-age child care (SACC) in Fairfax County, like Arlington County, is designed to provide care for school-aged children whose parents are working or are full-time students. SACC aims not to be school-like and is modeled after Arlington County's extended day program. SACC is available in a limited number of elementary schools during the school year and in a few schools during the summer and during holidays. In 1981-82, 884 children were served by this program; enrollment is expected to increase to approximately 1,000 for the 1982-83 school year. A tremendous increase in demand for day care services over five years ago is reported.

The SACC program operates as a partnership between the public schools and the county government. The schools provide the facility and maintenance costs; the county provides a subsidy for families who cannot afford the full cost of care. SACC is, however, primarily a self-supporting program, as most families pay fees equal to the actual cost of services. Waiting lists exist for each of these programs, evidence of the growing demand for such services and the success of the program.

The City of Alexandria is also operating an extended day program, but has a different twist. The program is funded through a combination of Community Development Block Grant funds from the U.S. Department of Housing and Urban Development (70%), the City Treasury (10%), and user fees (20%). It is intended to serve low income families primarily. Area providers share staff and other resources. The Alexandria Extended Day Program is centered in three public schools. The city recently voted to refund the program at three schools, following much protest about a proposed reduction to two schools.

The private sector providers in Northern Virginia view extended day programs as competitors. Those with whom we spoke indicated they had no waiting lists at their centers. They felt that the extended day programs had the advantages of public funds and exemption from licensure, and that the use of school facilities made these program very convenient for parents. The private providers wanted access to the public schools and a chance to compete on more equal footing.

Other Day Care Programs

Attesting to the growing latchkey phenomenon in the metropolitan area of the state, the Alexandria Cooperative Extension Service sponsors a survival skills program to teach school-age children who care for themselves or siblings how to avoid or handle threats to personal safety. Children are instructed in how to answer the telephone and door, use kitchen appliances safely, and defend themselves.

Community colleges and libraries also serve certain school-age day care functions. In the Richmond area libraries offer special programs during after school hours to attract these children. Community colleges throughout the state operate day care centers and offer training to providers.

Employer assistance for day care is also gaining some momentum in Virginia. As in other states, hospitals have taken the lead in offering child care because of rotating shifts and the demand for nurses. In the summer of 1982 a statewide seminar titled "Conference on Child Care: Corporate Alternatives" was held in Richmond. Representatives of Photo Corporation of America from Mecklenburg, North Carolina, a pioneer in corporate investment in child care, discussed that company's successful program. Despite such activities, private sector employers have not been readily convinced of the corporate benefits that can accrue from investment in child care services. Several years ago two union-sponsored day care centers operated in the Winchester area; they have since closed. Under current conditions of high unemployment and escalating inflation, investments whose pay-offs are long-term rather than short-term, are not viewed favorably.

In summary, the State of Virginia has not perceived school-age child care as an area requiring a strong state role, but rather one that is best left to local initiative. Most of the state officials interviewed believed in a minimal role for government in the area of day care. Although the likelihood of increasing demand for services was usually acknowledged, the typical opinion voiced was that parents, rather than government, should pay for this care. The state is not increasing its funding as Federal subsidies decline, and no legislation regarding day care is pending.

Local areas differ widely in the demand for services for school-age children, and thus in the types of programs offered. Day care chains are a growing phenomenon in the state and are likely to continue. The demand for before and after school programs in Northern Virginia is increasing. Pending the evaluation of the legislative task force, extended day programs may spread to other parts of the state (either under the sponsorship of the public schools or some other public agency). Finally, improved economic conditions may result in an increase in (or at least experimentation with) employer assistance to working parents for child care services. The publicity and technical assistance currently being offered may facilitate actual investment in the years to come.

Local Demographics: Northern Virginia, Tidewater, and Richmond Areas

In general, in-home data from families and providers were collected from three areas within the state: suburban Washington/Northern Virginia, Tidewater (Norfolk/Virginia Beach/Hampton/Newport News), and Richmond. These three areas were selected because they were the most densely populated; this maximized the number of in-home follow-up interviews that could be conducted. The areas also represent diverse parts of the state, with varying degrees of involvement in day care. Northern Virginia is discussed first since we have the most detailed information on that region. This background information is from a report on day care in the Washington area prepared by the Greater Washington Research Center (Maxwell, 1982).

The Northern Virginia area consists primarily of Alexandria City and Arlington and Fairfax Counties. As these areas border Washington, D.C., many Federal employees reside in this region. It has the largest proportion of working women of any metropolitan area in the country. Day care usage is more prevalent here than in other parts of Virginia. Northern Virginia is considered relatively affluent, although many low-income families also live in each jurisdiction. As of 1980, there were approximately 110,000 5 to 13-year-olds, and an estimated 70,600 of these had working mothers.

An estimated 95,000 children under 13 years of age in this area use day care; 54,000 (58 percent) use it less than 10 hours per week. More than $2 million was spent by these jurisdictions in FY 81 to subsidize care for eligible children. That amount supported almost 1,400 children per month. During FY' 82, 54 schools offered before and after school care to almost 2,200 children. As noted earlier, a wide variety of care is available in the state, and all types of care are available in this region, including day care homes, centers, and private before and after school care.

The Richmond and Tidewater areas were not as involved with school-age child care as Northern Virginia. Despite high satisfaction and low turnover with current care arrangements, according to our statewide telephone survey data, the Richmond and Tidewater areas seemed to have significant need based on our field work (personal interviews with parents, providers, and state officials). There were many working mothers; the need for mothers to work to help meet family expenses was great and not many care alternatives existed for school-age children. The project staff did not perceive these areas to be as affluent as Northern Virginia. These regions did not have the tax base to fund an Office for Children or Extended Day Programs in the public schools. Many parents and local areas seemed to cope by using less widespread (i.e., not county-wide) programs, however. Recreation programs in particular schools or other ad hoc groups occasionally provided before and after school programs.

Findings from Day Care Provider Interviews

As part of the field work for this study, 20 providers of school-age care were contacted[1] and asked to discuss their views on school-age care needs, the supply available to meet these needs in their area, their perception of trends, and some aspects of their operations. Six providers were interviewed in person, the others on the telephone. The range of providers included those operating public programs, private homes, center-based care, and before and after school operations. The following summarizes the findings of this aspect of our study.

Publicity

Most programs rely primarily on word-of-mouth as their prime marketing tool. Newspapers, local ads, the yellow pages, and other small-scale promotions are also used frequently. More expensive private programs and large public programs also use brochures, mailouts, or other more costly advertising. Some programs, particularly extended day programs, do not actively promote themselves since they tend to have a waiting list. Word of mouth and other informal channels of communication (e.g., flyers, bulletin board notices) supply them with a sufficient number of enrollees.

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[1] Most of the providers were selected randomly from the telephone book or licensing lists, but they are not designed to be a representative sample. A few providers were selected purposely (e.g., school-based programs in Northern Virginia). The material presented here should not be considered generalizable.

Sources of Current Clients

Most children now served by these programs were carryovers from previous years or had entered because they heard about the program from a user. Some private centers also received referrals from local social service agencies.

Funding

Most private programs received all their funding from client fees; occasionally the fees included a subsidy of one type or another. Some of the public programs received local or Federal funding in addition to user fees, and they also received free space and services from local governments. The public programs in Northern Virginia provided local subsidies to parents whose incomes were low enough to qualify.

Waiting Lists

Most public programs were operating at capacity and had plans for expansion. About half the private programs had waiting lists, or expected to have them soon. The other half had excess capacity.

Competition

Most private sector providers felt other providers (public and private) were their main competition; a few felt particularly threatened by public before and after school programs. The public programs felt no competition, or they felt they competed with other social programs for scarce funding dollars. The public programs frequently worked with private providers and did not feel that most private providers viewed them as competition. This interaction of public and private sectors also proved to be a good recruitment tactic for the public sector as they frequently hired staff from the private sector.

Demand

Almost all providers felt demand would remain high. Most felt it would grow as the economy forced more parents to work (mother, mother and father, full-and part-time jobs). Despite a decline in the school-age population, many providers felt that the demand for care would remain constant or drop only slightly.

Problems

Providers mentioned a range of problems of concern to them dealing with school-age children:

- the need of older children for greater attention
- overcrowding
- need for stronger staff with older children
- transportation of children to and from school
- mixing of ages

Age Mix

Providers handled school-age children in various ways. Some mixed all ages (i.e., preschoolers and school-age), but actually only served up to kindergarten or first grade; some used age 6 as a break point; some segregated by smaller age units.

Government Problems

Other than minor red tape, most providers had no serious problems with governmental relations. Several private providers felt threatened by public programs, and some public programs felt threatened by loss of funding or loss of their legal basis, i.e., being legislated out of existence. Arlington has public school-administered before and after school day care, but the authorizing legislation permitting the board of education to administer that program expires in 1984. Arlington wants to continue its program, but administrators are worried that the state might in effect revoke their authority and force them into an arrangement similar to that of Fairfax County. (In Fairfax County a separate county office rather than the school system administers the extended day program.) Most providers took licensing issues in stride, saying it was full of red tape but that this was not an insurmountable problem.

Community Support

Most providers felt they received good community support. Particular needs mentioned included:

- funds or fundraising help
- help on field trips
- need for the community to provide alternatives to self- and sibling care situations, i.e., more after school care
- playground equipment donations
- need for an improved community attitude toward private sector providers
- need to counter the delire in quality of public education, and
- need for churches to sponsor more centers, since demand is so great and space so limited.

Other

One of the providers we interviewed offered a survival skills program for children who care for themselves or siblings. The Alexandria Cooperative Extension Service developed and operates the program, supported by USDA, Virginia Cooperative Extension Service, and Alexandria funds. The course is six lessons and deals with all the major issues faced by children providing their own care (cooking, answering door or phone, fire and police help, etc.). Parents and program staff indicated the program was well received and in demand. The staff members were concerned that the program got too much promotion, however, since they did not want to be perceived as condoning self-care.

Another program in Alexandria offered extended day (i.e., after school) care in several low income areas. Primary support was from a HUD Community Development Block Grant. The telephone interview data for Virginia indicated that low income families and minorities seldom used after school programs, so the program we visited seemed to be a rare exception for the state, despite its popular appeal and long waiting lists.

Parent and Child Ideas for Community Action

During the in-home personal interviews we asked parents what community alternatives they would like to see utilized to help parents with their school-age child care needs. Children were also asked about alternatives they would like.

Most of the in-home respondents had no suggestions or were happy with their circumstances and community situations. Some parents wanted better use of existing facilities for school-age children--particularly schools (extended day), recreation centers, libraries, churches, pools, etc., and some type of organized, supervised care. Transportation was frequently cited as a problem that the community could assist with, although the only specific suggestion was late school buses in conjunction with extended day. Another frequently mentioned item was some type of I&R service to link supply and demand for school-age care. Mentioned less frequently were community-sponsored special events, sliding fee scales for paid care, more employer care, clearinghouses (with graded reports and references for providers), needs assessments, involvement of high school students, greater visible community presence and and or availability to respond to needs, publicized phone numbers where children can get adult help, and subsidized babysitters.

Several parents took issue with the community alternative notion altogether. Some felt that state or local government, not the local community, should be responsible. Others voiced the opposite extreme and stated that families were responsible, that it was the parents' job, and government should not be involved. Parents could help one another, but each was responsible for his or her own family. Occasionally spouses would disagree with each other (e.g., one wanting to limit the Federal role, the other wanting more subsidized care).

Children tended to suggest less realistic ideas about community alternatives and some echoed their parents' notions; a few, however, provided some unique ideas. Most had no suggestions or were happy with the status quo. Many of the children who made suggestions, like their parents, made it clear they felt the community was already doing a lot. Suggestions included more fun, educational activities, more structured activities, movies, odd jobs, greater use of recreation centers, more convenient playgrounds, pools, places to talk to adults about problems, cooperative activities with parents, more supervised activities, more air-conditioned places, more new schools, more repair of old schools and facilities, cable TV, after school programs, more control of teenagers, smoother streets, less litter, and the implementation of clearly marked (e.g., with a large hand) neighborhood refuges such as the Block Parent program.

In contrast to these ideas and like many parent responses, some children indicated that child care was not a community responsibility and that families should provide for themselves. Unlike the adults, who frequently mentioned extended school day as an ideal solution, this arrangement was rarely mentioned by children.

In summary, this component of the study collected data from only urban/suburban areas, so the conclusions and comparisons are of limited or unknown applicability to more rural regions. Individuals living in areas where extended day care was available seem to be enthusiastic about it. The only exception was from private sector providers who resented paying taxes to fund competition; they wanted a chance to compete on equal footing with in-school programs. Private providers felt strongly that they could provide better programs less expensively. The areas of Virginia without extended day care, seemed to have all the same problems (i.e., unsatisfied demand as a result of both parents working) but less widespread and standardized solutions. Parents in Richmond and Tidewater wanted extended day care, although many were not familiar with it. School administrators were apparently the major obstacle; they perceived extended day care as one more burden to deal with and, they feared, fund from their own budget. There was not enough organized widespread support to convince administrators to offer extended day care in schools.

Providers seemed to have fairly standard views across the regions we covered, with the exception of the public-private sector competition issue, which was a concern only in Northern Virginia. Growth in demand was envisioned in all three regions, and similar views were expressed on standards, monitoring, etc.

Children in all areas expressed common views; they wanted decent places to go, things to do, with adult help and supervision nearby when needed. They did not want to be a burden to parents. Age was the main differentiating variable. Older children expressed more realistic alternatives than their younger counterparts. Many children expressed views when parents didn't, or vice versa, but rarely were parents' and children's views in direct conflict.

MINNESOTA

Background: State and Local Day Care Activities

Minnesota's Department of Public Welfare has traditionally held responsibility at the state level for support of day care services. Primary responsibility has been vested in two bureaus within this department: the Bureau of Social Services and the Bureau of Support Services. These administrative units continue to play the primary state role in day care. However, the nature and scope of their activities has altered considerably in the past several years.

Five years ago, a five-member Social Services staff headed a state grant program for developing family and center day care services. Individual centers and regional planning committees submitted proposals for new or expanded programs; awards were decided and subsequently administered by a state staff committee. In addition, social services staff administered Federal funds, primarily Title XX monies, used to support day care services. Minnesota has a long history of strong local and state funding for social services, that has typically exceeded Federal dollars for service delivery. The social service staff viewed their program development activities and related technical assistance efforts as key functions at the state level.

State staff members in the Bureau of Support Services, responsible for licensing and monitoring day care services provided by the centers, were highly involved in development activities. Several years ago Minnesota was participating in a Federal project to develop a monitoring system for day care services. As a pilot state, Minnesota implemented preliminary Federal day care standards statewide. Although Federal efforts to design a uniform regulatory system for day care were suspended in 1981, the state has continued to maintain most of the standards instituted during that project in its oversight of day care centers. (Licensing and monitoring of family care providers is handled by each county under locally determined rules.)

The state's significant involvement in directly funding and developing day care services was sharply curtailed in 1979, however, when

Minnesota enacted the Community Social Services Act (CSSA). This Act provides a block grant of state money to counties for use in funding social services. County governments were given the full authority to determine which social services--including day care--would be supported locally, and at what level of funding. State legislative action is required to mandate provision of any specific county services. The CSSA provides that counties have responsibility for seven target populations: child dependency, neglected and abused, and pregnant adolescents; dependent and neglected state wards; vulnerable adults; the aged; the mentally ill; the mentally retarded; and those who are drug and alcohol dependent. Faced with this responsibility, local authorities have not placed a high priority on day care services, and have generally cut back funding in this area.

State monies for day care development were subsequently channeled to block grants for local action. A hiring freeze was imposed on state staff, and social service functions were reorganized to emphasize administrative activities rather than service expansion.

Minnesota's budgetary action in 1979 was clearly a forerunner of 1981 Federal block grant legislation. It demonstrated the state's tradition of support for local autonomy as well as its support of forthcoming Federal policies. When Federal block grant legislation was enacted, the state had already established a perspective and mechanisms for incorporating changes. Under its state supervised-county administered system, Minnesota responded to implementation of the Federal Title XX block grant by delegating planning, eligibility, and administrative authority for Title XX monies to local areas. Title XX funds have represented the primary source of Federal support for day care in the state, so this further reduced the state's role in administering day care services.

Minnesota has continued to show commitment to day care services at the state level, however. In 1981, Minnesota established the Child Day Care Sliding Fee Program (Minnesota Statutes 245.84, Subd. 2), which it funded at $1.5 million for two years. The program subsidizes the cost of day care services for individual families whose incomes, though limited, exceed Title XX eligibility limits. The Sliding Fee Program is administered by counties under contract to the state; 29 of 87 counties are participating in the program. The state has also supported new county-initiated day care projects, notably those that promote involvement of private businesses in day care. In 1981, one-year grants were awarded to innovative day care projects selected by the Governor's Advisory Council; these were funded through a special discretionary grant set-aside of 4 percent CETA monies.

Current Day Care Activities

At present one state Social Services staff member is responsible for administrative functions related to day care, a program area that is expected to encompass only one-quarter of this position. Licensing of the 913 private day care centers in the state is conducted by ten consultants within the Support Services Bureau; these staff members are also responsible for licensing all non-residential programs across the state, other than day care, such as day programs for the mentally retarded. The limited number of consultants in relation to their geographic and programmatic scope results in little time for giving technical assistance to centers, which the state would like to provide.

A statewide survey of licensed providers is conducted annually by the Social Services Monitoring and Reporting Section. Response to the survey is on a voluntary basis. The April 1981 Survey indicated that 74,188 children were attending 6,919 licensed and active child care facilities, an increase of nearly 17 percent over the number of children reported in child care a year earlier. The utilization rate for care given before and after school in family day care homes statewide was computed at 97 percent. This rate had been consistent for 18 months and was significantly higher than the rate of 60 percent that the state considers optimal. The utilization rate in all day care centers statewide was computed at 89 percent for before and after school care, close to the optimal rate of 90 percent for centers.

Day care services operated by schools (called "latchkey programs") and state agencies are exempt from state licensing requirements. As non-licensed providers, therefore, school-based day care programs were not included in the state survey cited earlier. Nor are such programs within the jurisdiction of county social service/day care authorities who license more than 6,000 family day providers in the state. This concerns some day care professionals, given the expanding number of school districts developing "latchkey" programs, particularly in metropolitan areas.

Other day care activities in Minnesota are illustrated by a brief discussion of some of the current efforts of the two major child care associations covering Minneapolis and St. Paul (in Hennepin County and Ramsey County, respectively). The Greater Minneapolis Day Care Association (GMDCA) is a nonprofit association organized in 1969 and governed by a volunteer board of directors. GMDCA administers the Day Care Sliding Fee Program under contract to Hennepin County. It has long been active in community planning for child care, and through its area committees seeks to integrate child care and other local services. Other services it provides include management assistance to child care programs in the form of training programs and technical assistance, and operation of a county-wide information and referral service to assist families in locating licensed child care providers. One of GMDCA's more recent efforts has been to computerize referral service information through a joint project with two other area child care organizations; funding to develop this Child Care Information Network was provided by grants from area businesses.

Another relatively new effort has been GMCDA's Business and Child Care Project. Informally begun in 1979 with several seminars involving local businesses, the project gained momentum in 1981 with funding from the Governor's CETA Discretionary Grant Program and the participation of an executive "on loan" from Control Data Corporation. The project produced a resource handbook on child care options for employers and a newsletter, holds seminars, and initiates discussions with businesses to inform them of various child care possibilities and show them how to plan and implement such services for employees. GMDCA is moving toward a "fee for service" funding base for this project as well as for its other services. They have been active recently in soliciting support from local businesses and other private sponsors since local government funds have been cut back significantly.

Another project focusing on employer involvement in child care is a new and major effort for the chief child care organization in St. Paul, ABC, Inc. Its project, Parents in the Workplace, also received one-year start-up funds from the Governor's CETA Discretionary Grant program; funds from several private foundations have also supported this project. In addition to producing materials to inform employers about possible child care benefits, the project staff conducts training for parents at their worksites and offers various services to businesses, such as needs assessments related to child care.

ABC, Inc., was formed in the spring of 1982 through a merger of four Ramsey County child care organizations with complementary missions and constituencies: (1) Toys 'n Things, a toy lending library that also sells publications, and training materials, provides worksite parent education seminars, and trains family day care providers; (2) Child Care Council of Ramsey County, which provides I&R services (currently being computerized), works with employers, and has done studies on use of care facilities; (3) Family Day Care Association of Ramsey County, which runs a food program; and (4) Center Directors' Association of Ramsey County, for directors of smaller nonprofit independent child care centers (as opposed to the chains), which establishes standards, conduct inspections, and handles group advertising through their child care guild.

The merger was accomplished because of diminishing public funding support. The child care organizations realized they probably would not all be able to survive alone, so they banded together and are trying to become self-supporting. Now they share the cost of facilities, overhead, etc. By reorganizing management under one non-profit umbrella, ABC, Inc., is continuing to provide the range of services offered previously by its member groups. It is also administering the Day Care Sliding Fee Program under contract to Ramsey County and is concentrating on developing private sponsorship and business support for child care.

Local Demographics: the Minneapolis-St. Paul Metropolitan Area

Hennepin County is the most populous county in the State of Minnesota: nearly one million people reside there, most in Minneapolis and its close suburbs. In contrast, Ramsey County, where St. Paul is located, covers a much smaller geographic area and has about half the number of people as the Hennepin/Minneapolis area. Both counties are among the wealthiest in the state. The estimated median income of tax filers in Hennepin County in 1978 was $11,447. The tax base in Ramsey is similar: the estimated mean income of tax filers in 1978 was $11,591.

The Minneapolis-St. Paul area contains more than 2,000 licensed and active family day care homes (Minnesota Department of Public Welfare, 1981). These homes provide services to more than 9,000 (FTE) children. Approximately 1,800 school-age children attend day care homes. Licensed all-day centers number close to 230 and serve the full-time equivalent of about 6,700 children. About 955 school-age children attend all day centers in the Minneapolis- St. Paul area.

In FY 1982, Hennepin and Ramsey Counties estimated the combined expenditure of nearly $2.2 million of Title XX monies for child care. Approximately 3,000 clients--including AFDC and SSI-MSA (Supplementary Security Income-Minnesota Supplemental Assistance) recipients, and individuals whose incomes do not exceed 60 percent of the state median income--are estimated to be served in the Minneapolis-St. Paul area.

Findings from Day Care Provider Interviews

Short telephone interviews were conducted with 15 day care providers in the Minneapolis-St. Paul area. Onsite visits were made to five child care facilities. The providers represented a variety of types and circumstances: nonprofit centers, chain centers, employer-assisted care, family day care, and school-based "latchkey" programs. Providers were selected at random from telephone listings and from suggestions by parents and child care organizations. The short interview covered the following topics: publicity, funding, competition, supply of and demand for child care services, special problems and opportunities in serving school-age children, and suggestions for additional community services. No attempt was made to gather a representative sample of child care providers, so the opinions and ideas expressed in this section should not be construed as generalizable. To avoid misinterpretation, only broad quantifiers (such as some and many) are given rather than actual numbers or percentages.

Publicity

Word-of-mouth seemed to be the most used and most effective method of advertising child care services. The providers also used a variety of other techniques, including the yellow pages, ads in local newspapers, fliers distributed in the schools, and posters. Computerized information and referral (I&R) services were used by several providers. A few child care providers also use television and radio on occasion.

Funding

Parent fees were the major source of income for child care facilities. The rate structures varied considerably, however, both in terms of the amount charged and the way in which fees were calculated. Some providers charged an hourly rate, others charged on a weekly basis. Some had a different fee structure depending on the age of the child. Few providers charged fees on a sliding scale basis. Many providers indicated that their fees would be going up, and were worried about whether parents could afford child care. They also feared that rising costs would mean that more children would be on their own alone in their homes.

Several providers also received public and private subsidies indirectly via parents whose child care was subsidized or directly through USDA food programs and employer-provided support such as donated facilities or staff salaries. Several providers felt that anticipated reductions in government support might mean that parent fees would not cover the cost of the child care services they offer. One center was forced to close its school-age child care program temporarily because of loss of government support; the program reopened after a private charitable organization assumed the cost of program operation.

Competition

Other day care centers, family day care homes, and school-based programs were mentioned as the primary competition of the providers interviewed. Older siblings were also mentioned as competition for their services. A licensed family day care home provider said that unlicensed homes that charged cheaper rates were becoming another source of competition. This provider believed that the economy and Federal cutbacks were pushing more unlicensed people into the day care field as a temporary way to make money.

Supply and Demand

Day care providers seemed to feel that demand for child care services and the supply of providers had grown in the past few years. Several providers noted the growth in school-based programs and employer-assisted child care; they expected the trend to continue.

Increased demand for child care was attributed to more single parent families, the increased number of women working, and the decline in other services, such as schools discontinuing summer school and parks cutting back on recreational programs. Several providers also noted the greater convenience of using child care--expanded hours, open on weekends, etc.,--which tended to encourage use. Several providers indicated that the demand for infant and toddler care was especially great. As these children get older, they will create a bigger demand for school-age child care.

Those providers who did not believe demand for child care was increasing attributed this primarily to rising costs of care that made day care services prohibitive for many people. The providers tended not to have their school-age programs filled to capacity, much less a waiting list for this age group. Apparently supply of school-age services has been able to keep pace with the demand. The telephone survey data confirm this, indicating high levels of satisfaction with current child care arrangements and few families who had changed their child arrangements in the past year.

Special Opportunities/Problems Serving School-Age Children

The providers tended to be quite positive about the special opportunities involved in serving school-age children. Older children can do more (e.g., go on field trips) and can help with the other children. They are more independent, easy going, and not as vulnerable to physical harm as younger children. As one provider put it, "You're not so responsible for life and limb as you are with preschoolers." Difficulties in serving school-aged children revolved around the special staff and programming needed to serve this population adequately. Many of the teachers are trained for preschool; others burn out more quickly--school-age children don't take naps so there is no time for the teacher to rest. It is harder to recruit good staff for school-age children; teachers need to be secure personally, able to allow the older children independence and give them responsibility. They must know how to treat older children and keep them stimulated. School-age children have more energy to release; their programming requires more thought and must be challenging and interesting.

These special requirements are particularly difficult when few school-age children are in a given program. Although the providers typically offered services for children up to age 12, the oldest children enrolled tended to be 7 or 8, with a few facilities serving 9-and 10-year-olds. None of the providers had a waiting list for school-age care. Because of this, there often were not enough children to form a separate program, although most providers preferred to serve these children in separate age- or ability-defined groups. Other difficulties encountered serving school-age children were transporting children to and from school and the additional physical space needed by older children.

Suggestions for Community Services

The providers offered a number of suggestions about community services they would like to offer or expand. Child care providers wished transportation could be provided, especially for field trips. One provider wanted to work out arrangements with local corporations to use their commuter buses. Day camps, foster-grandparent programs, and community volunteer speakers (e.g., from the police, and fire department) were also mentioned as possible services. Working more closely with the school systems was mentioned in several contexts: donating used educational materials (or selling materials at cost to providers) and cooperating with the schools to address common concerns, such as truancy, tutoring services, etc.

Providers also mentioned the need for a support system for themselves; a resource center (that would provide a centralized place in the community for activities and equipment with homes and centers taking turns conducting activities, etc.); and fee reductions or waivers for summer recreation programs. (One provider already had obtained reduced rate passes for the community swimming pool.)

Parent and Child Ideas for Community Action

Parents and children participating in the follow-up in-home interviews were also asked about community services they would like to see. The children, ranging in age from 8-13 years, indicated a need for more activity programs. Specific suggestions included field trips, sports programs, inner tubing, and pool. It was important to the children that the adults running the programs could relate to children.

Several parents indicated strong support for school-based programs and employer-assisted child care. They felt that it was particularly important to have active programs--gymnastics, swimming, other sports--especially for teenagers. Transportation, e.g., an activity bus, was an important feature to facilitate the children's participation.

One mother suggested that the parks might make jobs (for example, clean-up work) available to older children in the summer. She also wanted to see businesses, such as bowling alleys, offering leagues or clubs for the children. Another mother wanted to see more foster grandparent-type programs in the child care centers. She also suggested that welfare mothers might work for their benefits by watching other welfare mothers' children or even starting a center.

Other suggestions included greater government support for child care, use of sliding scales to determine child care fee payments, more support for community centers and parks, and better pay for child care providers.

In summary, the scope and nature of child care activities at the local level vary a great deal. Programs in the major metropolitan counties may be more extensive and sophisticated than in other parts of Minnesota. However, several features of these two counties' support systems for child care seem to reflect growing trends in the state and might be found to differing degrees in other Minnesota localities. These include local development of before and after school programs based in the public schools; computerization of information services;

consolidation of service organizations; and an emphasis on developing private support, particularly business sponsorship, for child care services.

In addition, state-level day care officials in Minnesota expect to see a growth in franchise operations in coming years, serving a larger proportion of middle and upper income families. The number of unlicensed providers also seems to be on the rise as people seek new income sources by becoming day care providers.

State officials also anticipated further reductions in government support for child care, with the Sliding Fee Program being absorbed into block grants to the localities. For lower income families, the effect may be an increase in use of unlicensed care and in unsupervised self-care situations. Overall, day care services were seen as a diminishing service priority at both the state and local government levels. Fee-for-service and business sponsorship were the primary coping mechanisms being used. There was also an emphasis on greater involvement of the private sector through education and technical assistance.

Summary and Conclusions

Virginia and Minnesota day care services are very similar. Both states have a high degree of local autonomy, and in both states the localities have begun to emphasize school-based child care programs. In Virginia these programs are operated outside the public school system except where permitted by law to be part of the public school system (e.g., Arlington). No such legal restriction was evident in Minnesota. Although private providers in Minnesota indicated that school-based programs were major competitors, the situation has not seemed to generate the controversy that it did in Virginia.

Both states evidenced a wide variety of other after school services, including community recreation programs, centers, and family day care homes. Both states, showed a high degree of interest in employer-assisted child care. Minnesota is taking the lead in actual research and implementation.

Information from child care providers in Virginia and Minnesota was remarkably similar. Word-of-mouth was the most effective method of advertising, followed by the yellow pages. Most providers were funded largely by user fees, supplemented by government subsidies (Title XX, USDA food program). The providers felt that the demand for child care was increasing as more women entered the work force. Some voiced apprehension about the future financial solvency of child care services as government funds are cut off or reduced and as user fees rise to compensate for inflation and loss of subsidies. Some families may not be able to afford child care, or may be able to pay only for child care for younger children. This could increase the number of school-age children left on their own before and after school.

Virginia and Minnesota appeared to differ in the balance between supply and demand for child care. Our descriptive information indicates that supply may not have kept pace with demand in Virginia, where waiting lists exist. The Minneapolis/St. Paul area, in contrast, appears to have an adequate capacity. The Twin Cities also have established school-based programs and are using them extensively.

9

PRESENT AND FUTURE TRENDS IN SCHOOL-AGE CHILD CARE

This study identified several trends in the use of child care for school-age children. Parents in Virginia and Minnesota indicated that they were satisified with their current care arrangements; the low proportion of families who changed their child care arrangements in the past year confirms this. While most parents were available to care for their children in the morning before school, the after school time period evidenced much greater usage of nonparental forms of child care. Full-time working parents, in particular, were frequent users of alternate child care for their shcool-age children, especially self-care or sibling care. In both Minnesota and Virginia, self/sibling care was the most commonly used form of nonparental child care for working parents during the weekdays, followed by family day care homes.

This chapter takes a brief look at these and other trends in child care for school-age children. New and innovative approaches to serving school-age children are explored, and possible areas for future study are suggested.

> Holly and Peter Nelson walk one block from where their school bus drops them off after school, unlock the kitchen door, and let themselves into an empty house. Holly, age 9, turns on the television. Eleven-year-old Peter gets something to eat, then joins his younger sister. It is 3:30 in the afternoon; their mother will not be home for two more hours.
>
> This arrangement was Peter's and Holly's choice. After two years in an after school child care program, they were bored. None of their friends were in the program with them. Most of the children were younger. Peter and Holly wanted more freedom, less structure. Betty Nelson, their mother, is divorced. She

> works full-time--both for the income and for her own fulfillment. She cannot be home when the children arrive from school. Indeed, a recent promotion is going to entail even longer working hours, a fact that weighs heavily on Betty's conscience and detracts from the elation she should have felt at being promoted.
>
> As it gets darker outside, the children become restless. A few months ago they were frightened by a noise outside, but it was only a dog in the garbage cans. The neighborhood is safe, and a few adults are usually at home. Even though they fight, Holly and Peter are both glad the other is there--it's someone to talk to, to keep from being lonely or scared. They decide not to call their mother again at work; she will be home soon anyway and they don't want to worry her.
>
> Betty can see the light from the television flickering in the living room as she pulls into the driveway. Peter has forgotten to turn on the outside lights, and Holly probably did not feed the dog yet. But Betty's long work day is over and her children are safe.

This composite portrait is fiction, yet it exemplifies the lives of many families in this country. Betty Nelson could be any one of the 9 million single working mothers, Holly and Peter two of the estimated 2 million school-age children who are alone during nonschool hours (Bureau of Labor Statistics). This profile also points to other characteristics that this study found common among families with children who care for themselves. Holly and Peter were alone for a few hours, but rarely for a long stretch of time or during the evening. The Nelsons lived in a safe neighborhood with adult help theoretically available in case of an emergency; so far this informal support network has never been used, so its effectiveness is unknown. Although not totally at ease, Peter and Holly would rather be home alone than in a "baby" program, with a babysitter, or some other arrangement where they can't relax or be with their friends. When they are on their own they watch television and eat, sometimes they fight, and they talk on the telephone with their mother. There are rules for when the children are alone, including certain household chores, but these are sometimes forgotten.

How do parents feel about letting their children stay home alone? The Betty Nelsons we talked to were cautiously positive. Parents typically started such an arrangement on a trial basis. Although they often worried about accidents or strangers, no serious problems had developed. Once they received that check-in phone call and knew their children were at home, some of the anxiety lessened. Betty Nelson had few alternatives. She needed to work and her children were unhappy with their previous child care arrangement. It may not be an ideal situation but so far it has worked and will continue unless a serious problem arises.

Recently much public attention has been focused on families like the Nelsons--so-called "latchkey" households. This study has added to the growing body of information on the topic. Some areas of inquiry, however, remain to be investigated. For example, what are the long-term effects on children who are consistently on their own? Our preliminary data suggest that self- and sibling care has both positive and negative impacts. Children enjoy the freedom and sense of responsibility, but parents worry that they may be growing up too soon. Will these children grow up to be more independent and learn to take calculated risks, or will they become fearful adults?

These and other questions need to be addressed. Indications are that more and more school-age children will be caring for themselves. Parents like Betty Nelson will continue to be faced with hard decisions concerning work and child care.

> It is a gray, chilly morning. At 6:30 a.m. Sasha and her mother walk down the street to the babysitter's house. Seven-year-old Sasha is still sleepy, and after greeting the babysitter she goes to the spare bedroom and curls up for a nap. Sasha's mother, Mrs. Meier, has to be at work by 7:00 a.m. so there is little time to talk. When Sasha gets up again she has breakfast with the sitter, the sitter's 6-year-old son, Mike, and Terry, whose mother has just dropped her off. Mike and Sasha walk to school together while 4-year-old Terry stays with the sitter.
>
> After school, Sasha and Mike walk back to the sitter's house. Sasha plays with the baby for a while, then reads to Terry and 3-year-old Jesse. Sasha is an only child and her mother is pleased that she is exposed to other children in a home situation. Mrs. Meier arrives at 4:30 p.m. She and the babysitter chat over a cup of coffee while the children finish the game they are playing. Sasha says goodbye to her friends and kisses the babysitter. The Meiers go home, mother and daughter recounting their days.

Family day care homes such as in this fictional account offer a solution to some families' child care needs. Their major advantage, according to parents in our study, is the home atmosphere that offers children a change from the structured school environment. Often the hours are most flexible in day care homes, so children like Sasha can arrive early, before most centers open. Day care homes also seemed to be less expensive than other types of child care programs.

Some parents wished that family day care homes offered more in the way of educational or other structured activities. Others expressed concern over the partiality babysitters often showed toward the babysitter's own children. Parents were also uncomfortable in situations where their school-age children took care of the younger children in the day care home. As with formal child care programs, children seemed to outgrow their day care homes. The day care home provider has little incentive to encourage school-age child enrollments, since more money can be made caring for younger children all day. While family day care homes have been examined in recent research, they have not been studied with a focus on the particular needs of school-age children. Future avenues of inquiry in this area could include: what incentives could be offered for providers to serve school-age children (technical assistance, relaxation of licensing standards)? What training do caregivers need to better serve older children? How can cost-effective activities and materials with appeal to school-age children be made available to family day care home providers?

An alternative to self-care and family day care homes or day care centers --school-based child care programs--is growing in popularity. These programs are located in public elementary schools and may be run by the school system, other public agencies, or by private providers who lease the space in a school. Such programs offer advantages to parents as well as participating schools. Parents expressed particular satisfaction with the location, facilities, and staff of school-based programs. Since the program is on school property, no transportation arrangements are needed to get a child from school to day care. Using a school also means that playground equipment, materials, and appropriate furniture are likely to be available. Staff at school-based programs may be certified teachers, which means they are trained to work with school-age children. Schools themselves often benefit because they are maximizing use of their facilities, sometimes even preventing school closings. All these factors have converged to encourage the establishment of school-based child care programs.

Parents who were reluctant to use such programs were uncomfortable with the extended period of time their children would have to spend in a school environment. Where school-based programs did not yet exist, parents seemed to be less enthusiastic about them. Private providers sometimes felt that the school-based programs were unfair competition since they used public facilities which the private providers did not have access to. The establishment of school-based programs has already raised many questions which school districts and communities must address: is child care an appropriate function of the schools? What should the emphasis be in school-based programs--recreation or academics? Who should bear the cost of such programs? After spending all day in school, how much supervision and structure can children take? What kind of care situation would be suitable for pre-teenagers? After school programs are available to children as old as 13 or 14, but in reality few children beyond the age of 9 or 10 are enrolled in them. What is missing? What can be done to make programs appealing to children?

Another problem parents must face is arranging child care during the summer months. With children no longer in school most of the day, many more hours of child care have to be arranged or children go unsupervised for long periods of time. Cutbacks in park recreational programs and in summer school have created a difficult situation for many parents. This problem needs to be explored further. Are more children left alone during the summer? Can existing child care centers and day care homes accommodate year-round service? Do/should summer programs differ from programs during the school year? What features should a quality summer care program possess?

One emerging trend with potential applicability to the problems of school-year and summer child care arrangements is that of employer-assisted care. A growing number of businesses are offering employees assistance in locating, providing, or paying for child care services. So far employer support, where it is available, has benefited parents with preschool children primarily. We found few programs that had school-age children enrolled, although most accepted this age group. This pattern of service to younger children raises several questions. Should employers investigate different avenues of assistance for school-age children? If so, what types of assistance (e.g., camps, camp scholarships, collaboration with schools, community recreation support)? What types of technical assistance and other information would be helpful to employers?

This chapter has attempted to highlight a few of the trends noted in the course of this study and to point out potential avenues of inquiry for the future. Parents appear to be managing child care arrangements for their school-age children to their own satisfaction, but they are also looking for better solutions. Until more is learned about school-age child care, little can be done to assist them. This study is one step in that direction.

Appendix A

In-home Interview Protocols and Abstracting Forms (Parent and Child)

State Official Interview Questions

Provider Interview Questions

HOME INTERVIEW QUESTIONS: PARENTS

CORE QUESTIONS: ASK EVERYONE EXCEPT WHERE NOTED

1. Basic Family Information:

First, I'd like to verify some basic information about your family. Please let me know if any of this is not accurate. As I understand -

a. verify total # children
b. verify age of each
c. verify total # adults in household
d. verify employment status/hours home of each
e. verify status as to lost subsidy and employer-assisted care

2. Childcare Arrangements

a. Please let me know if any of this is not accurate - Summarize briefly and verify routine childcare for each child
b. If cost went up would you change care arrangements? (e.g. top cost willing to pay). What would you do?

3. Satisfaction (ALL EXCEPT PARENT CARE AND SELF/SIBLING CARE PERIODS)

Now I'd like to talk with you about your satisfaction, and your child's satisfaction with current arrangements.

a. What aspects about these childcare arrangements are you
   - most satisfied with? Why?
   - least satisfied with? Why?
     (e.g. location, transportation, cost, kind of experience for child - degree of structure, activities, friends, learning, personal attention, safety, type of care or particular caregiver)
b. Do you think your child(ren) feel the same way?
c. How do you judge if a childcare arrangement is working well for your child?
d. What kind of interaction do you have with current caregiver? (e.g. frequency, nature, adequacy)

4. Selecting/Planning Childcare

I'd like to talk to you about the process of finding out about and planning childcare for school age chidren.

a. What types of after school care are available here?

b. Do you know whether there are any:
   - regular programs for afterschool care at the schools?
   - foster grandparent programs?
   - programs sponsored by employers?

c. If all kinds of after school care were available to you which would you prefer and why?

d. How would you advise a neighbor or friend to find out about possible childcare arrangements in this community? (e.g., media/ads; public/private agencies; resource persons)

e. Do you know of any Information and Referral services for childcare in this community?
   - Have you ever used I&R?
   - Do you think I&R services for childcare are an important community service?

f. Do you think this community could help families more with childcare for school aged children?
   - How might this be accomplished? (e.g., what about I&R services, using public schools, foster grandparent program, encouraging employer support?)

g. How do you define quality childcare? (type of program needed?)

h. Are there any differences in what's important for younger children compared to older children?

5. Consequences of Childcare

I'd like to talk about the consequences of childcare on other parts of your life.

a. (IF EMPLOYED). You're working now, but would you prefer to be home taking care of your kids?

(IF UNEMPLOYED) Are difficulties in arranging adequate childcare related to why you're not working now? (e.g. cost, availability/access).

- Would the child's age make a difference?
- Would other factors - such as the hours, flexibility or location of the job make a difference?

b. What do you think of employee job benefits such as flextime? Flexible benefits? Would these make a big difference for your family? How?

6. Attitudes Towards Self-Care/Sibling Care: ASK ALL PARENTS

a Is it common in this neighborhood for children to care for themselves after school?
  -- Is this considered a problem?
  -- Are there any community initiatives or groups trying to deal with this?
  -- Do you have any ideas abouut ways this community could help?

b In your neighborhood, when are children generally considered old enough to stay by themselves without adult supervision?
  -- Under what conditions?
  -- At what age?
  -- For how long? How regularly?

c In your neighborhood, when are children generally considered old enough to care for younger brother(s) and/or sister(s)?
  -- Under what conditions?
  -- For how long?
  -- How regularly?

d Does your child ever stay alone (care for younger brother/sister) - even if not regularly?
  -- Under what conditions?
  -- For how long?

e As a parent, how do you/how would you know when a child is old enough to take care of himself (or a younger brother/sister)?

7. Lost Subsidy: ASK ONLY WHEN APPLICABLE

One of the things we are interested in is government aid for childcare and what happens if it's reduced or cut off.

a. What happened when your family's childcare aid was reduced/lost?
    -- How did you cope with the situation?
    -- What alternatives did you have?
    -- What did you do?

b. What advice would you give to other families who have lost/less aid for children?

c. Since there will be less federal money to help support childcare, what do you think communities could do to keep childcare available?
(e.g. encourage employer support; volunteer efforts; use public schools)

8. Employer-Assisted Childcare: ASK ONLY WHEN APPLICABLE

You indicated that your (spouse's/partner's) employer does help employees with childcare. I'd like to talk about that a bit.

a. Verify type of assistance
    - Can you tell me how that works more specifically?
    - How did this get started?
    - How long has program been operating?

b. For your employer, what advantages do you think this has? Disadvantages?
    - How do you think employees who do not use this benefit feel about it? (accept/support/resent)

c. For your family, what advantages/disadvantages does this have?

d. How satisfied are you with this benefit?
    - Are there aspects you feel are problematic, could they be improved? How?
    - What you like best about it?

e. How does this make you feel about you current employer?

f. Do you think this type of benefit could/should be made available to more people? Why or why not?

9. SELF/SIBLING CARE: ASK ONLY WHEN APPLICABLE; FOCUS ON CHILD SELECTED FOR PHONE INTERVIEW

a. You indicated that your child was about ___ years old when he/she first started staying on his/her own (or watching younger child) regularly.
    - What did you do before that? (e.g. care arrangement)

  - What led to the change (e.g. key factors in decision - age, maturity, necessity etc.)

b. Could you tell me about any benefits there are for you and/or your child?

c. What does your child usually do while he/she is home alone? (e.g. extent/kind of structured-unstructured time on regular basis)

d. Do you have any particular problems and/or worries about leaving your child alone/as a babysitter?
  - Could you tell me more about that? Examples?
  - Approaches tried to resolve this? Any useful?
  - Are there other problems you've had? Special concerns?

e. Has a situation ever come up where adult/outside help was needed? What happened?

f. You've indicated that you have/have not set ground rules or special instructions for your child (ren) when s/he (they are) is alone (babysitting).
  - If none - have you ever thought about setting rules? Done it in the past?
  - If yes - why these particular rules? (e.g. how did these come about? any particular occurrences?)
    Are there any problems with this ground roles for the child (e.g. confined indoors, not enough opportunity for interaction)?

g. How do you think your child feels about staying alone/with brother or sister?
  - Does s/he think s/he's old enough?
  - When is s/he comfortable?
  - Under what conditions? For how long?

h. (IF NOT ALREADY ANSWERED) Would your child prefer another arrangement? Would you?
  - Could that be arranged?
  - If not, why not?

i. Are there particular circumstances when you do arrange special childcare for child? (when, what kind).

j. What advice would you give to parents about leaving their child alone/to care for younger brothers and sisters?

k. Do you have any general/other thoughts or comments you would like to add about children being responsible for themselves/taking care of younger brothers/sisters?

10. COMPLEX CARE: ASK ONLY WHEN APPLICABLE AND NOT ALREADY ANSWERED

a. Was it necessary to arrange such complex childcare? How did this come about? (e.g., special priorities, individual needs of children, limited availability/access)

b. Are there advantages to this situation? Disadvantages?

c. How do these arrangements affect each of you? (each child and parents)? Affect one/some more than others?

- Is there any overall effect on you as a family -- for example, on spending time together or being able to have meals together?

d. How long do you see these arrangements continuing? (e.g. transient vs. long term, reasons).

PARENT INTERVIEW ABSTRACTING FORM

Respondent: ___
Address: ___
Phone: ___
Interview Date & Time: ___
Interviewer: ___

Employed Y ___ N ___
Lost subsidy Y ___ N ___
Employer assisted Y ___ N ___
Self/Sibling Care Y ___ N ___
Complex care Y ___ N ___

---

verified = / don't know = ?
changed = ___

BASIC FAMILY INFORMATION

CHILD	AGE	CHILD	AGE
#1		#5	
#2		#6	
#3		#7	
#4		#8	

CHANGES/CORRECTIONS:

Adults	Employment Status/Hours Home

CHANGES/CORRECTIONS:

verified = ✓ don't know = ?
changed = △

CHILDCARE ARRANGEMENTS

Mornings:	M	T	W	T	F
#1					
#2					
#3					
#4					

CHANGES/CORRECTIONS:

After school:	M	T	W	T	F
#1					
#2					
#3					
#4					

CHANGES/CORRECTIONS:

Evenings:	M	T	W	T	F
#1					
#2					
#3					
#4					

CHANGES/CORRECTIONS:

IF COST RISES

COMMENTS:

Top Cost ____

SATISFACTION

	Positive	Negative		Positive	Negative
Cost	____	____	Attention to child	____	____
Location	____	____	Social/play	____	____
Hours	____	____	Learning	____	____
Facility	____	____	Degree of structure	____	____
Staff	____	____	Other ____________	____	____
Child/Mix	____	____	________________	____	____

COMMENTS: (Most Satisfied)

COMMENTS: (Least Satisfied)

CHILDREN AGREE?

COMMENTS:

Yes____ No____

INTERACTION WITH CAREGIVER

COMMENTS:

Adequate Yes____ No____

INFORMATION SOURCES

COMMENTS

Would refer friend to:

Specify

Individual ____
Professional ____
Media/ads ____
Public Agency ____
Private/voluntary ____
Employer ____
Other
________________ ____

I&R

COMMENTS:

	Y	N
knows of	____	____
has used	____	____
Important?	____	____

COMMENTS:

Availability known of:

Community programs ____
Individual providers ____
School program ____
Employee sponsored ____
Foster grandparent ____

PREFERENCE

COMMENTS:

After school--School-based ____
Daycare center ____
Care at someone's home ____
Care at your home
    nonrelative ____
    relative ____
    parent ____

CHILDRENS NEEDS

COMMENTS:

At Age(s) ____________

HOW WELL CHILDCARE WORKS

COMMENTS:

DEFINITION-QUALITY CHILDCARE

COMMENTS:

Safety factors ____
Staff qualities ____
Recreational ____
Educational ____
Child's relationship
 with provider ____
Child mix ____
Convenience ____
Cost ____
Other ____
____

DECISION TO ALLOW SELF CARE

COMMENTS:

Age ____
Sex ____
Neighborhood ____
Access to adults ____
Maturity/independence ____
Special needs ____
Other
________________ ____

CONSEQUENCES OF CHILDCARE

COMMENTS:

Prefer to work ____
Prefer not to work ____

Factors:

Child's age ____
Job hours ____
Other job features ____
Parent needs ____
Child-rearing beliefs ____
Other
________________ ____

ATTITIUDES TOWARD CHILDCARE BENEFITS

Flextime:

Flexible Benefits:

NOT WORKING: Yes ____ No ____ COMMENTS

RELATED TO CHILDCARE?

Cost ____
Availability ____
Access ____
# children ____
Age of children ____
Other ____
________________ ____

ATTITUDES TOWARD SELF/SIBLING CARE

WHEN STAY ALONE:

AGE

CONDITIONS:

COMMON IN NEIGHBORHOOD COMMENTS:

Yes ____ No ____
Problem ____
Local Initiatives ____

IDEAS FOR ACTION

WHEN BABYSIT SIB

AGE: ____

CONDITIONS:

CHILD ALONE/SIB CARE

	OCCASIONAL	FREQ.	MAX HRS
Alone			
Watching Sib			
Watched by Sib			

COMMENTS:

HOW ASSESS CHILD'S READINESS

LOST SUBSIDY

COMMENTS

Cost effects

Added cost for care ____
Same care--less hours ____
Changed care ____
Changed transportation ____
Lost care ____
Other ____

________________________ ____

EFFECTS ON ARRANGEMENTS

COMMENTS

Insufficient care ____
Undesirable care ____
More complex arrangments ____
Impact on other children ____
Other ____

________________________ ____

ADVICE TO OTHER FAMILIES

COMMENTS

IDEAS FOR LOCAL ACTION

verified = ✓
changed = △

EMPLOYER ASSISTED

COMMENTS:

Program Age________

Program Type

I & R ____________________

Flex time ____________________

Cost sharing ____________________

Operate program ____________________

Acquire slots & pays ____________________

Acquire slots ____________________

Other ____________________

EMPLOYER BENEFITS

COMMENTS:

Less turnover ____
Maintain work hours ____
Less leave used ____
More reliable staff ____
Better image ____
Other
____________________ ____

Any disadvantages? Yes____ No____

ATTITUDE OF NONUSER EMPLOYEES

COMMENTS:

Accept ____
Support ____
Resent ____

EFFECT FOR FAMILY/EMPLOYEE

COMMENTS:

	Positive	Negative
Convenience	____	____
Access to child	____	____
Cost	____	____
Type of program	____	____

JOB STABILITY Yes____ No____

Self/Sibling Care

COMMENTS

o Age when first left alone

______years (✓ or △)

- Prior arrangements (type)

____

- Factors in decision to change

$ necessity ____
Age ____
Maturity ____
Parent need ____

BENEFITS

COMMENTS (Examples)

Quiet time ____________
Independence ____________
Trust ____________
Skills ____________
Other ____________

WHAT CHILD(REN) DOES/DO WHILE ALONE   COMMENTS

Play with friends ____
T.V. ____
Read ____
Homework ____
House chores ____
Meal preparation ____
Hobbies ____
Other
________________ ____

PROBLEMS/WORRIES   (Indicate P or W)

Accidents
Juvenile delinquency
Too much T.V.
Nutritional
Drugs
Alcohol
Sex exploration
Sex exploitation
Homework neglected
School grade problems

Truancy
Other school
Lonliness
Boredom
Fear/anxiety for child
Unloved
Other emotional
Chores neglected
Other

COMMENTS

HELP FROM ADULT

COMMENTS

Parent phones

Child can go to nearby adult

Child can call police, fire, etc.

Other

Ever needed? Yes ___ No ___

GROUND RULES (✓ or Δ)

None

Check-in calls

No one let in

Stay inside

Stay in yard

Homework

T.V. limits

Chores

Doors locked

Friends in

No friends in

Emergency instructions

Meals

Appliance limits

COMMENTS (How derived; why these, any events)

FEELINGS OF CHILD(REN)

- Child Staying Alone

- Older Child Babysitting

- Younger Child Staying with Brother/Sister

ANOTHER ARRANGEMENT PREFERRED

COMMENTS:

	Y	N
BY CHILD	____	____
BY PARENT	____	____

PERCIEVED OBSTACLES:

CIRCUMSTANCES WHEN CHILDCARE ARRANGED

ADVICE TO PARENTS

OTHER COMMENTS

COMPLEX CARE

REASONS COMMENTS

Child(ren)'s needs ____
Child(ren)'s presence ____
Cost saving ____
Job schedule ____
Availability of care ____
Age/eligibility limits ____
Other
______________ ____

ADVANTAGES: COMMENTS

SPECIAL PROBLEMS-COMPLEX CARE COMMENTS

Transportation ____
Cost ____
Time-consuming ____
Less continuity ____
Other
______________ ____

EFFECTS ON FAMILY MEMBERS:

EXPECTED CONTINUATION

HOME INTERVIEW QUESTIONS: FOR CHILDREN

Introduction:

I'd like to talk to you about what you do outside of school and who takes care of you then.

NOTE: ASK QUESTIONS ON CHILDCARE ARRANGEMENTS AND SATISFACTION FIRST IN RELATION TO MORNING CARE AND THEN REPEAT IN REGARD TO AFTER SCHOOL CARE. ASK ABOUT EVENING CARE IF PARENT HAS REGULAR EVENING COMMITMENT, I.E. SCHOOL, WORK.

Childcare Arrangements (ALL CHILDREN)

- What do you usually do in the mornings before (afternoons after) school? (e.g., where do you go?; who are with?; how do you get there?)
- What do you think kids your age need most after school?

Satisfaction (OTHER THAN PARENT, SELF-OR SIBLING-CARE)

- Tell me what it's like when you are (describe care)
- How do you like it?
  - What do you like most?
  - What do you not like (would rather change)?

    (e.g., other children, caregiver, activities, play area/building, food, transportation, being away from home, rules, lack of freedom)

Attitudes Toward Selfcare/Sibling Care - (ALL CHILDREN)

- Do you ever stay alone/or baby sit for your younger brother/sister?
  - When? How often? For how long?
- Do you know any children who take care of themselves after school? Who/How many? How do you think they feel about it?
- Do you know any children whose parents aren't home after school and they stay after school for special activities? How do you think they feel about it?
- Do you know any children who stay at someone else's house after school until their parents come home? How do you think they feel about it?
  - How old? For how long? Under what conditions?
- When do you think kids should be allowed to babysit younger brothers/sisters?

  - How old? For how long? Under what conditions?
  - When should they be able to babysit other children in the neighborhood?

SELF-CARE OR SIBLING CARE: (WHEN APPLICABLE)

- What do you do when you're staying on your own (being watched by or watching, your brother/sister)?
- Do you have any special rules you're supposed to follow when you're on your own (being watched by/watching your brother/sister)? Things you aren't allowed to do? Things you are supposed to do? What do you think of these rules? (e.g., friends in, going out, homework, chores, using appliances, calling parent, telephone, T.V., opening door, etc.)
- How do your like staying on your own (being watched by/watching brother/sister)?
- - What do you like most about it? (e.g., freedom, feels important/grown-up/responsible; special activities).
- - What do you not like about it? (e.g., lonely, bored, afraid; no one to help; special rules; chores being bossed by brother/sister).
- What kinds of problems have come up? What do you do about these?
- What would you do if there was a fire? If stranger came to the door when you were alone/babysitting?
- Do you have a plan for what to do in an emergency?
- If you needed help from an adult, what would you do? Is there someone you could call or get?
- Have you ever had a problem you needed help with when you were on your own (watching your brother/sister)? What did you do?
- If you could do something different, what would you rather do (with whom/where would you rather be)?
- How do you think your parents feel about your staying alone/babysitting after school? Do they know how you feel?
- What advice do you have for other children who stay on their own/babysit their younger brother/sister?
- What would you tell parents about after school care for their kids?
- Do you think your community could do more for kids after school? How?

CHILD INTERVIEW ABSTRACTING FORM

Respondent: ______________________

Address: ______________________

Age: ______________________

Interviewer: ______________________

Self/Sib Care Yes____ No ____

GENERAL COMMENTS/OBSERVATIONS:

CARE ARRANGEMENTS

- Before School

- After School

- Evenings

WHAT CHILDREN NEED MOST

AGE ______yrs.

SATISFACTION (OTHER THAN PARENT, SELF, SIBLING CARE)

Before School

- Description:

	Likes	Dislikes		Likes	Dislikes
Other children	____	____	Transportation	____	____
Caregiver	____	____	Away from home	____	____
Activities	____	____	Rules	____	____
Facilities	____	____	Lack freedom	____	____
Foot	____	____	Other__________	____	____

COMMENTS (Include any alternatives preferred)

After School

- Description:

	Likes	Dislikes		Likes	Dislikes
Other children	____	____	Transportation	____	____
Caregiver	____	____	Away from home	____	____
Activities	____	____	Rules	____	____
Facilities	____	____	Lack freedom	____	____
Foot	____	____	Other__________	____	____

COMMENTS (Include any alternatives preferred)

Evenings

- Description:

Dislikes		Likes	Dislikes	Likes	
Other children	____	____	Transportation	____	____
Caregiver	____	____	Away from home	____	____
Activities	____	____	Rules	____	____
Facilities	____	____	Lack freedom	____	____
Foot	____	____	Other__________	____	____

COMMENTS (Include any alternatives preferred)

SELF-CARE/SIBLING CARE PERIODS

COMMENTS:

Alone	
Watches younger siblings	___
Watched by older sibling	___

	Never	Occasional	Frequent
Mornings	___	___	___
Afternoons	___	___	___
Evenings	___	___	___

OTHER NEIGHBORHOOD CHILDREN

COMMENTS:

	Like	Dislike
Stay Alone	___	___
Babysit	___	___
After School Activities	___	___
Stay at Someone's House	___	___

WHEN KIDS ARE OLD ENOUGH

COMMENTS:

	AGE
Decide Own Activities	___
Stay Alone	___
Babysit Relatives	___
Babysit Nonrelatives	___

SELF-CARE/SIBLING CARE

COMMENTS

How Time Spent

Play alone ____
Play with friends ____
Homework ____
T.V. ____
Reading ____
Chores ____
Meal preparation ____
Other ________ ____

INSTRUCTIONS/RULES

None ____
Phone calls ____
No one in ____
Stay inside ____
Homework ____
T.V. limits ____
Appliance limits ____

Chores ____
Doors locked ____
Friends over ____
No friends in ____
Emergency instructions ____
Meal preparation ____
Other ____________ ____

COMMENTS

FEELINGS ABOUT IT

Likes

Freedom ____
Sense of maturity ____
Sense of responsibility ____
Quiet time ____
Special activities ____
Other__________________ ____

Dislikes

Loneliness ____
Bored ____
Fearful ____
Responsiblity ____
Chores/rules ____
Other__________________ ____

COMMENTS

PROBLEMS ENCOUNTERED

COMMENTS:

RESPONSE TO FIRE:

RESPONSE TO STRANGER AT DOOR:

EMERGENCY PLAN:

AVAILABILITY OF HELP

COMMENTS

Parent calls ____
Child calls parent
  or other adult ____
Adult nearby ____
Child calls police, etc. ____
Other____________________ ____

DESCRIBE ANY SITUATIONS WHEN HELP WAS NEEDED

ALTERNATIVE(S) PREFERRED

COMMENTS

Babysitter
Center ____
Parent ____
Relative ____
School Program ____
Community Activity ____
Other________________ ____

Perceived Parental View

COMMENTS:

Like arrangement ____
Worry about it ____
Would prefer ____
Other arrangement

ADVICE TO KIDS

ADVICE TO PARENTS

WHAT COMMUNITIES COULD DO

Questions for State Officials

1. What state agencies are involved in the area of child care for school-aged children? What are their roles?

2. What are the levels and sources of state and federal funding available for child care services for school-aged children?

3. What are the State's primary responsibilities for school-aged child care? Who are the direct beneficiaries?

   - Direct care? I&R? research? technical assistance?
   - Is the state directly serving individual citizens/families? provider/advocacy groups? employers? county/city officials?

4. What kinds of interactions does the state have with private sector suppliers and/or organizations? Non-profit organizations? Local agencies? Advocacy groups?

   - Informal contacts as needed?
   - Regular mechanisms for communication, e.g., committees, professional conferences, written agreements?

5. What kinds of communications does the state have with counties?

   - Formal or informal interactions?
   - Counties' role?
   - Is there a regional structure? Its role?

6. Do you communicate with other states?

   - What kind of information do you share?
   - How formal/informal/regular are your interactions?
   - Has this proved useful/important?

7. Has the state's role changed over time? How?

   - Re: state practices? Policies? Services? Funding?

8. What is your perception of current federal child care policies and how will this affect what the state is doing?

   - Change the level and/or focus of state activity?
   - Affect involvement with private sector providers? With employers?
   - Is the state likely to become involved via tax credits to individuals or businesses?

9. What (other) changes in state policies and practices are planned or in progress? What are the reasons for these changes?
    - Demographic trends, better knowledge of supply/demand?
    - Political support?

10. What do you think the state should be doing? And local communities?
    - What about employer assistance?
    - Foster grandparent program?
    - Public school-based programs?

11. Has the state done any studies of supply of and/or demand for child care for school-aged children?
    - Who was the sponsor? When?
    - What was the methodology?
    - What were the results? Useful?

Questions for School-Age Day Care Providers

1. How do you publicize your services (fliers, bulletin boards, yellow pages, etc.)?

2. How do most of your clients find out about you (referrals from friends, doctors, teachers, etc.)?

3. How is your program funded? Is this income adequate to meet your expenditures?

4. Do you have a waiting list now?

5. Who are your competitors? Has the supply of school-age care services grown recently? What trends do you see for the near future?

6. Do you see demand for school-age day care services growing? Why or why not? Your own services?

7. What are the special problems and opportunities in serving school-age children?

8. What are your views on the best age mixture of children to serve?

9. Do you have any problems with state/local government requirements for school-age care? If so, what are they?

10. What services could this community offer that would benefit your program/operation? Have any efforts been made to obtain these services?

Appendix B

Survey Instrument and Item-by-State Results (Weighted Percentages and Raw Frequencies)

Note: For all questions with an adequate response rate, an item distribution of respondents' answers is presented. Whenever possible, weighted percentages have been provided; these numbers project the findings to the entire state. The numbers in parentheses ( ) are the raw frequencies based upon our sample, which was intentionally drawn to include more working parent families than would occur naturally, hence the need for weighted data. Since some items appeared several times in the questionnaire (although only once for a given family) these responses have been consolidated and presented with the first occurence of the item, and cross referenced for subsequent occurrences. If no data appear next to an item or in a branch, it means an insufficient number of respondents answered that question (or questions), and that no meaningful results could be provided.

May, 1982

DAY CARE STUDY

Ident.
From Sample ______________

INTRODUCTION

Hello, my name is ______________ and I'm calling long distance from Chilton Research Services in Philadelphia as part of a survey.

1. Are there any children currently living in this household who are between the ages of 5 and 14?

			MINNESOTA Weighted Percent	MINNESOTA Unweighted Frequencies	VIRGINIA Weighted Percents	VIRGINIA Unweighted Frequencies
ASK TO SPEAK TO MALE OR FEMALE HEAD OF HOUSEHOLD	Yes	1		(486)		(476)
TERMINATE - TO. 1	No	2				

2. Do both you and your (wife/husband) typically work full-time in a job which is outside of the home?

		MINNESOTA Weighted Percent	MINNESOTA Unweighted Frequencies	VIRGINIA Weighted Percents	VIRGINIA Unweighted Frequencies
Yes	1	31%	(346)	39%	(351)
No	2	69%	(140)	61%	(125)

2A. PROBE IF RESPONDENT SAYS "NOT MARRIED": Do you typically work full-time in a job which is outside of the home?

Yes	1
No	2

3. We are conducting a survey in the state of (Minnesota/Virginia) for the Administration for Children, Youth and Families to find out about the different kinds of arrangements that families make for their 5-14 year-old children outside of school hours. Your answers will be used for research purposes only. Your cooperation is entirely voluntary, but very valuable. First, could you tell me the total number of people currently living in this household, including yourself?

____
(# of people)

Family Size	MINNESOTA Weighted Percent	MINNESOTA Unweighted Frequencies	VIRGINIA Weighted Percents	VIRGINIA Unweighted Frequencies
2	3%	(19)	2%	(21)
3	13%	(86)	21%	(124)
4	39%	(190)	43%	(197)
5	27%	(123)	22%	(91)
6	10%	(44)	10%	(31)
7	2%	(9)	2%	(7)
8	2%	(6)	-	(3)
9	1%	(1)	-	(2)
10	2%	(5)	-	-
11	-	(1)	-	-
12	-	(2)	-	-

4. Are you the parent of the (child/children) in this household?

			MINNESOTA Weighted Percent	MINNESOTA Unweighted Frequencies	VIRGINIA Weighted Percents	VIRGINIA Unweighted Frequencies
SKIP TO Q. 6	Mother	1	77%	(357)	78%	(358)
	Father	2	21%	(121)	19%	(104)
	No	3	2%	(8)	3%	(14)

5. Are you actively involved in decisions regarding what your child(ren) do or how they are cared for before school and after school?

			MINNESOTA Weighted Percent	MINNESOTA Unweighted Frequencies	VIRGINIA Weighted Percents	VIRGINIA Unweighted Frequencies
	Yes	1		(8)		(14)
ASK TO SPEAK TO APPROPRIATE HOUSEHOLDER OR SET UP CALLBACK FOR PARENT	No	2				

		MINNESOTA	VIRGINIA

6. So that we may be sure we are reaching a cross-section of the population, could you please tell me the first name of each person currently living in this household? Starting with the youngest child, please tell me the names of the children in your household under 21 years of age? (ENTER AGE AND SEX FOR EACH CHILD)

CHILDREN IN HOUSEHOLD:

Child Number	Name	Age	Sex M	Sex F
01			1	2
02			1	2
03			1	2
04			1	2
05			1	2
06			1	2
07			1	2
08			1	2
09			1	2
10			1	2

7. And now, would you give me the same information for all the people in this household 21 years of age or older, starting with yourself?

ADULTS IN HOUSEHOLD:

Adult Number	Name	Relationship Codes	Age	Sex M	Sex F
01		Respondent (01)		1	2
02		Spouse (02)		1	2
03		Partner (03)		1	2
04		Own child (step children) (04)		1	2
05		Other child under 21 (05)		1	2
06		Parent, grandparent or in-laws (06)		1	2
07		Other adult (relative) (07)		1	2
08		Housekeeper, child care taker (08)		1	2
09		Other adult (non-relative) (09)		1	2

INTERVIEWER: ARE ANY CHILDREN LISTED IN THE Q. 6 GRID AGE 4, 5, OR 6 YEARS OLD?

		DO NOT PUNCH	MINNESOTA %	MINNESOTA (N)	VIRGINIA %	VIRGINIA (N)
CONTINUE	Yes	1	35%	(146)	34%	(137)
SKIP TO Q. 11	No	2				

8. Are any of your children in kindergarten?

			MINNESOTA		VIRGINIA	
	Yes	1	35%	(58)	47%	(69)
SKIP TO Q. 11	No	2	65%	(87)	53%	(68)

9. Which child? (RECORD CHILD NUMBER FROM Q. 6 GRID HERE)

____

10. Is this kindergarten a full day program or a half-day program?

		MINNESOTA		VIRGINIA	
Full-day program	1	26%	(11)	47%	(44)
Half-day program	2	74%	(48)	53%	(25)

11. Which of the following best describes your present employment situation?
Are you . . . (READ CATEGORIES. CODE ALL THAT APPLY)

				MINNESOTA	VIRGINIA
ASK QS. 12A AND 12B	Working full-time (IF "YES" ASK:) Are you self-employed?	Self-employed	1	(283)	(310)
		Not self-employed	2		
	Working part-time (IF "YES" ASK:) Are you self-employed?	Self-employed	3	(70)	(37)
		Not self-employed	4		
	A student (part-time or full-time)		5	(3)	(3)
	A homemaker, or are you		6	(130)	(126)
	Not employed (Retired, Disabled, Unemployed)		7		

12A. How often, if ever, do you work evenings? Would you say . . . (READ CHOICES).

12B. And how often, if ever, do you work on weekends? (READ CHOICES)

	A	B	Evenings		Weekends		Evenings		Weekends	
	Evenings	Weekends	%	(N)	%	(N)	%	(N)	%	(N)
Occasionally	1	1	21	(83)	24	(87)	17	(75)	18	(78)
Regularly	2	2	20	(72)	28	(85)	21	(67)	27	(92)
Rarely or never	3	3	59	(238)	48	(222)	61	(235)	51	(208)
Refused			-	(1)	-	-	2	(1)	-	-

DEF: REGULARLY MEANS

Q. 12A: MORE THAN ONE EVENING PER WEEK

Q. 12B: MORE THAN ONE WEEKEND PER MONTH

(IF KNOWN ALREADY, JUST VERIFY)

13. Are you . . . (READ CATEGORIES)

			MINNESOTA %	MINNESOTA (N)	VIRGINIA %	VIRGINIA (N)
ASK Q. 14	Married	1	91%	(398)	86%	(397)
SKIP TO INTRO AND Q. 18	Divorced/Separated	2	7%	(74)	10%	(62)
	Widowed	3	1%	(9)	1%	(5)
ASK Q. 14	Cohabitating, or	4	-	(1)	-	(2)
SKIP TO INTRO AND Q. 18	Never married	5	1%	(4)	3%	(10)

14. And which of the following best describes your (HUSBAND'S/WIFE'S/PARTNER'S) present employment situation? (READ CATEGORIES. CODE ALL THAT APPLY)

(Unduplicated Frequency)

				MINNESOTA	VIRGINIA
ASK QS. 15A AND 15B	Working full-time (IF "YES" ASK: Is (he/she) self-employed?	Self-employed	1	(279)	(312)
		Not self-employed	2		
	Working part-time (IF "YES" ASK: Is (he/she) self-employed?	Self-employed	3	(29)	(20)
		Not self-employed	4		
	A student (part-time or full-time)		5	(2)	(5)
	A homemaker		6	(89)	(62)
	Not employed (Retired, Disabled, Unemployed)		7		
	No Spouse			(87)	(77)

15A. How often, if ever, does your (HUSBAND/WIFE/PARTNER) work evenings? Would you say . . . (READ CHOICES).

15B. And how often, if ever, does your (HUSBAND/WIFE/PARTNER) work on weekends? Would you say . . . (READ CHOICES)

	A	B	MINNESOTA Evenings		MINNESOTA Weekends		VIRGINIA Evenings		VIRGINIA Weekends	
	Evenings	Weekends	%	(N)	%	(N)	%	(N)	%	(N)
Occasionally	1	1	27	(85)	28	(95)	27	(106)	29	(115)
Regularly	2	2	24	(79)	26	(83)	23	(80)	22	(69)
Rarely or never	3	3	49	(201)	45	(187)	50	(177)	49	(179)

DEF: REGULARLY MEANS

Q. 15A: MORE THAN ONE EVENING PER WEEK

Q. 15B: MORE THAN ONE WEEKEND PER MONTH

The next series of questions pertains to what your children do or the arrangements you may make for the before and after school care of (NAMES OF CHILDREN 5-14 YEARS OF AGE).

READ: Since many parents are not able to be home before and after school, we are interested in understanding the different kinds of arrangements that families make for their children during non-school hours. For example, some children go to friends or neighbors, some are responsible for themselves at home, others participate in various after-school activities.

INSTRUCTIONS:

IF Q. 11 = 1 or 2 or 3 or 4 AND
IF Q. 14 = 1 or 2 or 3 or 4

GO TO Q. 16

OTHERWISE, SKIP TO Q. 18

16. On a typical Monday, do both you and your (husband/wife/partner) have to leave before the (child/children) go to school?

			MINNESOTA		VIRGINIA	
SKIP TO Q. 20	Yes	1	20%	(119)	26%	(117)
	No	2	78%	(246)	74%	(238)
	Refused		2%	(3)	-	-

17. Are either you or (your husband/wife/partner) at home with or do you care for your (child/children) in the morning before school?

			MINNESOTA		VIRGINIA	
ENTER CODE 01 OR 02 AND SKIP TO Q. 21	Yes	1	97%	(236)	100%	(236)
SKIP TO Q. 20	No	2	3%	(10)	-	(2)

(IF ONE OR 2 PARENTS WORK½S½)
(IF SINGLE PARENT DOES NOT WORK)

18. (Are you/Is) (NAME OF NON-WORKING ADULT) usually at home with your child(ren) . . .
(READ RESPONSES)

			MINNESOTA			VIRGINIA		
	Yes	No	Yes	No	N/A	Yes	No	N/A
a. Before school	1	2	(118)	-	(368)	(115)	(6)	(355)
b. After school (til dinner time)	1	2	(112)	(2)	(368)	(112)	(9)	(355)
c. During evenings (from dinner through sleep time)	1	2	(118)	-	(368)	(120)	(1)	(355)
d. On the weekend	1	2	(118)	-	(368)	(121)	-	(355)

(IF "YES" TO BEFORE SCHOOL, ASK Q. 19; OTHERWISE SKIP TO Q. 20)

19. Since you (or your spouse/partner) are at home in the morning, are you also the person responsible for supervising or taking care of your child(ren) before school on a typical Monday?

			MINNESOTA	VIRGINIA
RECORD ON GRID SKIP TO Q. 21	Yes	1	(118)	(113)
	No	2	-	(2)

20. Who supervises or cares for (NAME OF CHILD) before school in the morning on a typical Monday? (RECORD MODE OF CARE FOR EACH CHILD BELOW)

21. Do you use the same arrangement for (NAME OF CHILD) before school every morning?

			MINNESOTA	VIRGINIA
	Yes	1	(249)	(178)
FIND DIFFERENCES AND RECORD	No	2	(16)	(13)

BEFORE SCHOOL	Child #1	Child #2	Child #3	Child #4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

(IF MORE THAN ONE CHILD 5-14, ASK Q. 22, OTHERWISE SKIP TO Q. 23)

22. Do you use the same arrangement for all children?

			MINNESOTA	VIRGINIA
	Yes	1	(222)	(227)
REPEAT Q.20 AND 21 FOR EACH CHILD	No	2	(263)	(248)
	Don't Know		(1)	(1)

23. Does this arrangement change when your (child is/children are) sick?

	Yes and under certain circumstances	1
SKIP TO Q. 24A INSTRUCTIONS	No	2

24. How does your family handle this situation when (NAME OF CHILD) is sick? (PROBE TO FIND OUT IF CARE IS IN OR OUT OF THE HOUSE.) (RECORD CODE BELOW)

	Child #1	Child #2	Child #3	Child #4
Sickness				

INSTRUCTIONS:

IF Q. 11 = 1 or 2 or 3 or 4 AND Q. 14 = 1 or 2 or 3 or 4, GO TO Q. 24A; OTHERWISE, SKIP TO Q. 25

24A. On a typical Monday, do you (or your HUSBAND/WIFE/PARTNER) get home before the (child/children) get home?

		MINNESOTA	VIRGINIA
Yes	1	(173)	(146)
No	2	(137)	(167)
Missing Data		(54)	(41)
Don't Know		(1)	(1)
Refused		(3)	

25. After school, some children may participate in regular after school activities such as Scouts, sports, lessons or clubs, some come home directly, and some may routinely go to a friend's or relative's house.
What does (CHILD) do on a typical Monday after school? (RECORD MODE OF CARE. PROBE)

MINNESOTA VIRGINIA

26. Does (CHILD) do this same thing every day of the week?

	Yes	1
FIND DIFFERENCES AND RECORD	No	2

AFTER SCHOOL	Child #1	Child #2	Child #3	Child #4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

(IF MORE THAN ONE CHILD AGE 5-14, ASK Q. 27; OTHERWISE SKIP TO Q. 28)

27. Is it the same for all children on a typical Monday?

			MINNESOTA	VIRGINIA
	Yes	1	(185)	(143)
REPEAT Q.25 AND 26 FOR EACH CHILD	No	2	(80)	(48)

28. What about the evening hours during the school year? Are any special arrangements used on a regular basis? (RECORD MODE OF CARE)

			MINNESOTA		VIRGINIA	
FIND OUT WHICH ARRANGEMENTS BY CHILD BY DAY	Yes	1	16%	(75)	15%	(67)
	No	2	84%	(411)	85%	(409)

EVENINGS	Child #1	Child #2	Child #3	Child #4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

EDIT CHECK: (IF BOTH PARENTS WORK EVENINGS "OCCASIONALLY" OR "REGULARLY", Q. 28 SHOULD BE "YES". IF NOT, VERIFY WORKING STATUS IN Qs. 11 AND 14)

29. Do you have any particular child care or supervision needs on the weekends or on holidays when your children are off from school during the school year?

EDIT CHECK: IF BOTH PARENTS WORK WEEKENDS "OCCASIONALLY" OR "REGULARLY" Q. 29 SHOULD BE "YES". IF NOT, VERIFY WORKING STATUS IN Qs. 11 AND 14.

			MINNESOTA		VIRGINIA	
	Yes	1	15%	(94)	15%	(95)
SKIP TO Q. 32	No	2	85%	(392)	85%	(381)

30. What arrangements do you make for weekend supervision or child-care? (RECORD BELOW FOR EACH CHILD)

31. And what arrangements, if any, do you make when your (child is/children are) off from school for holidays? (RECORD MODE OF CARE BELOW FOR EACH CHILD)

	Child #1	Child #2	Child #3	Child #4
Weekends				
Holidays				

(IF CARE IS ONLY PARENT, SKIP TO Q. 37)

32. For a typical week during the school year, do you have any costs for the before and after school arrangements you described for your child(ren)?

	Yes	1	16%	(118)	19%	(121)
SKIP TO Q. 37	No	2	84%	(368)	81%	(354)
	Refused		-	-	-	(1)

33. For a typical week during the school year, approximately how much do you pay for the care you described for (CHILD)? (ROUND TO WHOLE DOLLARS)

Child 1: $__________.00 per week

Child 2: $__________.00 per week

Child 3: $__________.00 per week

Child 4: $__________.00 per week

DEF: COST DOES NOT INCLUDE TRANSPORTATION,
LUNCHES THAT ARE PACKED FOR CHILD, OR
PAID FOR EXCLUSIVE OF FEE.

34. Are you aware that there is a tax credit for money spent on child care?

			MINNESOTA		VIRGINIA	
	Yes	1	82%	(105)	84%	(110)
SKIP TO Q. 37	No	2	15%	(12)	16%	(11)
	Don't Know		3%	(1)	-	-

35. Did you claim a tax credit for 1981 for the money you spent on child care?

			MINNESOTA		VIRGINIA	
SKIP TO Q. 37	Yes	1	60%	(71)	46%	(69)
	No	2	40%	(33)	53%	(39)
	Don't Know		1%	(1)	2%	(2)

36. Is this because . . . (READ LIST)

	Yes	No	MINNESOTA Yes		VIRGINIA Yes	
You didn't know enough about the tax credit	1	2	14%	(5)	33%	(10)
You weren't eligible or didn't qualify	1	2	75%	(23)	74%	(20)
You didn't file a tax return	1	2	3%	(2)	1%	(1)
You feel it's not worth the effort for the amount spent	1	2	19%	(12)	19%	(14)
You didn't want to file the long form	1	2	1%	(1)	8%	(6)

36A. Do you have any (other) reasons for not claiming a tax credit for 1981 for the money you spent on child-care?

			MINNESOTA		VIRGINIA	
IF YES: What is that?	Yes	1	16%	(5)	6%	(5)
	No	2	82%	(28)	93%	(35)
	Refused		1%	(1)	-	-
	Don't Know		-	-	1%	(1)

37. Thinking back to last summer, were your (or your husband/wife/partner) at home to provide regular care during the summer?

		MINNESOTA		VIRGINIA	
Yes	1	82%	(321)	76%	(280)
No	2	18%	(164)	24%	(191)
Don't Know		-	(1)	-	(5)

38a. Sometimes people use different kinds of arrangements during the summer months only. Whether or not you use any care arrangements during the year, I'd like to know if you used any of the following last summer. Did any of your children ages 5 to 14 attend a . . . (READ LIST) (IF "YES" TO FEATURE IN Q. 37, ASK QS. 38 AND 39 BEFORE GOING TO NEXT FEATURE)

38b. Which child (ARRANGEMENT SAID "YES" TO IN Q. 37)? (RECORD # ON GRID UNDER Q. 38 COLUMN)

39. How much did (ARRANGEMENT IN Q. 37) cost your family? (RECORD ON GRID UNDER Q. 39 COLUMN)

	Q. 38a		Q. 38b	Q. 39	Q. 41		MINNESOTA		VIRGINIA	
	Yes	No	Child	Total Cost	Yes	No	Used Last Summer	Will Use This Summer	Used Last Summer	Will Use This Summer
a. Community recreation program, swimming pool, or supervised playground	1	2	______	$	1	2	52% (227)	67% (26)	47% (208)	82% (24)
b. Summer school	1	2	______	$	1	2	21% (110)	8% (3)	8% (31)	23% (2)
c. School activities program	1	2	______	$	1	2	16% (71)	40% (4)	9% (41)	84% (2)
d. Summer camp program	1	2	______	$	1	2	23% (126)	65% (19)	19% (100)	44% (12)
e. Day care center	1	2	______	$	1	2	3% (19)	35% (3)	3% (17)	15% (2)
f. Family day care or day care home (paid)	1	2	______	$	1	2	4% (34)	60% (3)	1% (4)	- -
(ASK ONLY IF OLDER SIBLINGS) g. Stay with an older brother or sister (unpaid)	1	2	______	XXXXXX XXXXXX XXXXXX	1	2	24% (119)	70% (10)	20% (76)	37% (4)
h. Stay with a neighbor, friend or relative who is not paid (other than older brother or sister)	1	2	______	XXXXXX XXXXXX XXXXXX	1	2	39% (177)	64% (20)	38% (179)	62% (21)
i. Were any other arrangements made last summer? (SPECIFY) ______ ______ ______	1	2	______	$	1	2	8% (56)	23% (6)	9% (69)	35% (8)

(IF "YES" TO ANY ARRANGEMENT IN Q. 39, ASK Qs. 40 AND 41. IF ALL "NO'S" IN Q. 38A, SKIP TO Q. 41B)

40. Do you think you will use these same arrangements the coming summer?

			MINNESOTA		VIRGINIA	
SKIP TO Q. 41B	Yes	1	85%	(354)	82%	(307)
CONTINUE	No	2	14%	(73)	14%	(69)
SKIP TO Q. 41B	Don't know/refused	8	1%	(8)	4%	(16)

41a. How do you think your situation will change? Will you use (PRESENT EACH ACTIVITY) this coming summer for (any of your children/your child)? (RECORD ON GRID UNDER Q. 41 COLUMN)

41b. Are there any new activities you will add this summer for your (child/children) that you didn't use last summer? (ENTER UP TO 3 CODES FOR ACTIVITIES)

See next page.

______________ ______________ ______________

Other (SPECIFY) -- LL and VBA

42. Thinking about all the regular day care arrangements you use in the mornings, afternoon, evenings, on weekends and in the summer, would you say the overall arrangements you have just described for (CHILD) meet (his/her) needs . . . (ASK FOR EACH CHILD)

		Child #1	Child #2	Child #3	Child #4	MINNESOTA Total Children	VIRGINIA Total Children
	Extremely well	267/274*	154/114	50/26	14/4	(485)	(418)
	Fairly well	176/183	98/71	26/15	8/6	(308)	(275)
	Not very well	7/5	6/1	1/2	-	(14)	(8)
	Not at all	5/2	4/2	-	-	(9)	(4)
DO NOT READ	Don't know	0/1	-	-	-	(0)	(1)

*First number is Minnesota; second number is Virginia.

43. Would you say the pattern of (supervision/care/activities) care you have just described for (your child/all of your children) meets your own needs . . . (READ RESPONSES)

			MINNESOTA		VIRGINIA	
CONTINUE	Extremely well	1	62%	(270)	58%	(270)
	Fairly well	2	36%	(199)	39%	(186)
SKIP TO Q. 45	Not very well	3	2%	(15)	2%	(14)
	Not at all	4	-	(2)	1%	(6)
DO NOT READ	Don't know	8	-	-	-	-

44. Are you unhappy with anything about the (supervision/care activities) that you are using?

			MINNESOTA		VIRGINIA	
	Yes	1	8%	(47)	5%	(33)
SKIP TO Q. 46	No	2	92%	(422)	95%	(423)

Q. 41b

RESPONSE CATEGORIES		MINNESOTA	VIRGINIA
Summer camp	01	(35)	(34)
Community recreation program	02	(14)	(19)
Summer school	03	(29)	(12)
School activities program	04	(45)	(40)
Day care center	05	(2)	-
Family day care or day care home (paid)	06	(4)	(1)
Stay with older brother or sister	07	(2)	-
Stay with neighbor, friend, or relative (unpaid)	08	(11)	(15)
Other (SEPCIFY) -- LL and VBA	97	(53)	(64)
Don't Know		(5)	(12)
No Answer		(1)	-

45. What are you unhappy with? (PROBE TO FIND OUT WHICH SPECIFIC ARRANGEMENTS ARE UNSATISFACTORY AND WHY)

MINNESOTA VIRGINIA

46. In the past year, have you used any child care arrangements for which the government helped to pay? (TITLE XX, TITLE IVAB, AFDC, WIN, OR FOOD STAMPS PROGRAM)

			MINNESOTA		VIRGINIA	
	Yes	1	2%	(13)	2%	(5)
SKIP TO Q. 48	No	2	98%	(473)	98%	(471)

47. Has this child care aid been reduced or cut-off in the last year?

Yes	1		(6)		(3)
No	2		(6)		(2)
Don't know	8		(1)		-

48. In the past year have you used any other arrangements than those you've currently use for your (child 5 to 14 year old children)?

	Yes	1		(23)		(24)
SKIP TO Q. 51	No	2		(463)		(452)

49. What were they?

50. Why did you change from those arrangements? (CODE ALL THAT APPLY)

		MINNESOTA		VIRGINIA	
Care provider moved/no longer available	01	25%	(5)	20%	(7)
Wanted change for child	02	20%	(6)	23%	(7)
Cost of care went up too much	03	9%	(6)	12%	(3)
Family moved	04	-	-	3%	(1)
Lost a job	05	14%	(2)	-	-
Got a job	06	-	-	-	-
Lost subsidy	07	-	-	-	-
Other (SPECIFY)	97	35%	(6)	45%	(2)
Don't Know		1%	(1)	10%	(9)

INSTRUCTIONS:

(IF SINGLE NON-WORKING PARENT OR IF BOTH PARENTS ARE SELF-EMPLOYED (Q. 11 "1" OR "3" AND Q. 14 "1" OR "3"), SKIP TO Q. 54)

(CHECK Q. 11 AND Q. 14 ONLY RESPONSE CATEGORIES 2 AND 4 QUALIFY)

(ASK Qs. 51 AND 52 IN SERIES FOR EACH "YES" IN Q. 51)

51. Does your employer (or spouse's employer or partner's employer) offer help to employees for child care in any of the following ways . . . (READ RESPONSES)

(FOR EACH RESPONSE OF "YES" IN Q. 51, ASK:)

52. Do you use it or not?

	Q. 51			Q. 52	
	Yes	No	DK	Yes	No
a. Providing information or a referral service for child care program	1	2	8	1	2
b. Allowing employee to work flexible hours in response to care needs (not just on an occasional basis)	1	2	8	1	2
c. Paying all or part of the cost of care employee finds	1	2	8	1	2
d. Operating centers or family day care home for which employee pays cost	1	2	8	1	2
e. Acquiring slots for care and pay all or part of cost	1	2	8	1	2
f. Acquiring slots for care but employee pays all cost	1	2	8	1	2
g. Do anything else (such as flexible fringe benefits)? (SPECIFY) ________ ________	1	2	8	1	2

See table next page.

Q. 51 and 52

	Offered and Used	Offered Not Used	Not Offered	Don't Know	Offered and Used	Offered Not Used	Not Offered	Don't Know
(a)	- (2)	9% (39)	84% (362)	7% (19)	- (3)	8% (27)	86% (361)	5% (14)
(b)	22% (93)	6% (30)	67% (289)	5% (10)	20% (75)	5% (24)	69% (315)	6% (11)
(c)	- -	1% (1)	93% (406)	6% (15)	- -	- (3)	96% (413)	3% (9)
(d)	- -	3% (11)	93% (402)	4% (9)	2% (5)	4% (18)	92% (395)	2% (14)
(e)	- -	- -	95% (413)	5% (9)	- -	- (1)	97% (417)	3% (7)
(f)	- -	2% (7)	92% (402)	6% (13)	1% (4)	2% (7)	93% (405)	4% (9)
(g)	3% (17)	- (3)	91% (389)	6% (13)	4% (11)	1% (7)	92% (401)	3% (6)

53. (FOR EACH "NO" TO Q. 52, ASK) Why not?

53a ____________________

53b ____________________

53c ____________________

53d ____________________

53e ____________________

53f ____________________

53g ____________________

(IF ONE OR BOTH PARENTS WORK (Q. 11 - 1,2,3, OR 4) AND (Q. 14 - 1,2,3, OR 4), SKIP TO Q. 56)

(ASK QS. 54-58 ABOUT THE NON-WORKING PARENT OR PARTNER)

54. Given your (your spouse's/your partner's) present situation, do you (does he/she) prefer being at home or would you (he/she) prefer employment outside the home?

			MINNESOTA		VIRGINIA	
SKIP TO Q. 59	Prefer staying at home	1	59%	(67)	69%	(75)
	Prefer working outside home	2	37%	(47)	29%	(40)
	Don't know	8	4%	(4)	2%	(5)

55. Is caring for your child(ren) keeping you (your spouse/your partner) from getting a job outside the home?

			MINNESOTA		VIRGINIA	
	Yes	1	24%	(10%	40%	(12)
SKIP TO Q. 57	No	2	76%	(41)	55%	(30)
	Don't Know		-	-	3%	(2)
	No Answer		-	-	1%	(1)

56. Have you (your spouse/your partner) tried to locate other arrangements for your child(ren) during this current school year?

			MINNESOTA		VIRGINIA	
	Yes	1	3%	(20)	7%	(28)
SKIP TO Q. 59	No	2	97%	(358)	93%	(339)

57. People find out about possible child care arrangements in various ways . . . from friends, ads, or organizations, for example. What sources of information did you (he/she) try when seeking other care arrangements? (CODE ALL THAT APPLY)

			MINNESOTA		VIRGINIA	
Informal Individual Referrals:	Friend	01	18%	(104)	19%	(94)
	Neighbor	02	5%	(39)	12%	(53)
	Relative	03	5%	(27)	2%	(17)
	Co-worker	04	1%	(4)	-	(3)
Professional Individual Referrals:	Teacher	05	3%	(13)	3%	(9)
	Counselor	06	1%	(3)	-	-
	Doctor	07	-	(1)	-	(1)
Media/Advertising:	Bulletin board notices (e. g., grocery store)	08	-	(4)	3%	(10)
	Parent placed ad seeking services	09	-	(2)	-	(1)
	Center or caregiver ads	10	1%	(12)	2%	(10)
	Yellow Pages	11	-	(1)	2%	(13)
	Feature on TV, paper, magazines, radio	12	5%	(28)	3%	(19)
Public agency/organizations:	I & R Center (Not Private)	13	-	(3)	1%	(4)
	Welfare office	14	2%	(14)	-	-
	Public school system (Not Private)	15	6%	(35)	6%	(28)
	Consumer Affairs or Public Information office	16	-	(1)	-	(2)
	Children, youth families office	17	-	(3)	-	(2)
	Library	18	-	-	-	-
Private/Voluntary	I & R Center (Not Public)	19	-	(1)	-	(1)
	Churches/synagogues	20	2%	(13)	5%	(13)
	Child advocacy groups	21	-	(1)	-	(1)
	Welcome wagon	22	-	-	-	(1)
	Private school system (not public)	23	1%	(6)	-	(4)
	Voluntary organization (e. g., United Way)	24	-	(1)	-	-
Employer		25	-	(1)	-	-
Visited center/Supplier		26	1%	(4)	-	(5)
Other (SPECIFY)		97	2%	(10)	2%	(9)
None		00	15%	(61)	10%	(48)
Don't Know			-	(7)	-	(3)

58. What prevented you (your spouse/your partner) from using some other types of care?

		MINNESOTA		VIRGINIA	
Unavailability of acceptable care	01	9%	(11)	20%	(14)
Transportation difficulties	02	2%	(4)	22%	(11)
Cost of care	03	9%	(11)	14%	(14)
Inadequate search time	04	4%	(3)	1%	(1)
Lack of information	05	-	(1)	1%	(2)
Other (SPECIFY)	97	1%	(3)	28%	(16)
None needed	06	47%	(22)	33%	(15)
Don't Know	98	20%	(9)	5%	(4)
Nothing	00	14%	(6)	-	-

59. Within the past year, (have you/has your spouse) lost or left a job outside the home because of your school age (child's/children's) care arrangements?

			MINNESOTA	VIRGINIA
	Yes	1	(9)	(14)
SKIP TO Q. 62	No	2	(477)	(462)

60. What impact, if any, did the loss of job have on your family? (CODE ALL THAT APPLY)

		MINNESOTA	VIRGINIA
None	01	(2)	(3)
Reduced family expenses	02	-	-
Reduced family income	03	(6)	(10)
Long search required for care, considerable time	04	-	-
Required more financial assistance from outside sources	05	-	-
Required more financial assistance from family or friends	06	-	-
Less time with children/family	07	-	(1)
More time with children/family	08	(1)	(3)
Less free time	09	-	(1)
More free time	10	(1)	(2)
Other (SPECIFY)	97	-	(1)

61. What has the impact been, if any, on (CHILD) as a result of the change? (CODE ALL THAT APPLY)

	Child #1	Child #2	Child #3	Child #4
None	01	01	01	01
Less beneficial care	02	02	02	02
Self care some of the time	03	03	03	03
(Loss of friends) Social network disruption	04	04	04	04
Better care	05	05	05	05
Make new friends	06	06	06	06
Participated in new activities	07	07	07	07
Gained new skills	08	08	08	08
Other (SPECIFY) ____________________ ____________________	97	97	97	97

62. If you could make other arrangements, what kind of arrangement, if any, would you prefer for (CHILD) over the arrangement you currently have?

	Child #1	Child #2	Child #3	Child #4
ENTER ONLY ONE MODE OF CARE FROM SHEET	None 00	None 00	None 00	None 00

DAY CARE STUDY

INSTRUCTIONS: ASK EVERYONE

63. In selecting your before and after school arrangements, what were the most important considerations to you and your (child/children)? (DO NOT READ LIST. CODE ALL THAT APPLY)

(PROBE FOR CONSIDERATIONS TO PARENT AND CONSIDERATIONS TO CHILD)

			MINNESOTA		VIRGINIA	
FACILITY/PARENT RELATED CONSIDERATIONS	Cost	01	7%	(55)	7%	(51)
	Convenience of hours available/flexibility	02	7%	(47)	6%	(49)
	Convenience of location	03	10%	(66)	9%	(60)
	Provides child development activities and instruction	04	7%	(41)	9%	(40)
	Agrees with parents' views on childrearing	05	29%	(107)	24%	(93)
	Supervision is adequate	06	41%	(226)	45%	(223)
	Facility in satisfactory condition	07	1%	(12)	3%	(12)
	Equipment/materials are good	08	1%	(6)	1%	(5)
	Caregiver has desired ethnic background, culture or language	09	1%	(8)	2%	(10)
	Licensing/certification	10	-	(2)	1%	(6)
CHILD RELATED CONSIDERATIONS	Can be with friends or children his age	11	8%	(49)	6%	(35)
	Able to play outside	12	3%	(11)	3%	(21)
	Able to watch TV	13	1%	(2)	-	(4)
	Able to read or study	14	1%	(8)	3%	(16)
	Liking his/her caregiver	15	11%	(65)	8%	(47)
	Having games, toys or sports equipment to play with	16	3%	(17)	5%	(26)
	Freedom to choose what he/she wants to do	17	7%	(41)	9%	(46)
Other (SPECIFY)		97*	1%	(12)	12%	(48)
	Safety/security, health, and welfare	18	5%	(28)	7%	(33)
	Meals/well-fed	19	2%	(5)	2%	(6)
	Other caregiver qualities	20	1%	(6)	3%	(10)
	Child's age/maturity	21	-	(4)	-	(2)
	Don't know	98	-	(1)	-	(1)
	No answer	99	-	-	-	(0)
	None		12%	(48)	7%	(40)

*Includes only those which did not occur frequently, because Codes 18-21 were added from previously "Other" responses.

64. What features of your current care arrangements do you like best?*

65. And, what features do you like least?*

*See discussion in Chapter 4 for percentages and raw data.

66. Overall, how satisfied are you with your current arrangements for (your child)/(all your school age children)? Are you . . . (READ RESPONSES)

		MINNESOTA		VIRGINIA	
Very satisfied	1	87%	(387)	82%	(369)
Somewhat satisfied	2	12%	(89)	14%	(91)
Not too satisfied, or	3	1%	(8)	2%	(9)
Not at all satisfied	4	-	(2)	-	(1)

INTERVIEWER CHECK:		DO NOT PUNCH
ASK Q. 67	Any mode of care in Qs. 22 or 27 is outside the home (Codes 10-19)	1
SKIP TO Q. 68	No care outside the home (Codes 01-09, 98, 99)	2

67. Since you mentioned before or after school arrangements outside of the home, we'd like to find out about the types of transportation you use.

How (does your child/do your children) get to or from (his/her/their) before or after school arrangements? (READ CHOICES)

			MINNESOTA		VIRGINIA	
	Yes	No	Yes		Yes	
Parent's car or carpool	1	2	65%	(141)	73%	(137)
Friend's or relative's car	1	2	24%	(61)	27%	(46)
Walk	1	2	48%	(129)	36%	(69)
School bus	1	2	48%	(121)	56%	(110)
Cab	1	2	-	-	1%	(3)
Bus or subway	1	2	4%	(9)	3%	(8)
Transportation provided by the caregiver	1	2	18%	(47)	9%	(29)
Some other form of transportation (SPECIFY)	1	2	17%	(35)	8%	(12)

68. In your neighborhood, at what age in general would you feel comfortable in leaving a child at home without adult supervision? (READ CATEGORIES) (IF WOULDN'T LEAVE CHILD ALONE ENTER "00".)*

		Age
IF "00", DO NOT ASK "b", "c" or "d"	a. For less than one hour	
	b. Up to several hours, for example, all morning or all afternoon	
	c. All day	
	d. All evening	

*See discussion in Chapter 7 for percentages and raw data.

MINNESOTA VIRGINIA

(DO NOT ASK Q. 69 IF Q. 57 IS ASKED)
(IF ONLY MODES OF CARE ARE PARENT, SELF, OR RELATIVE (CODES 01-09), SKIP TO Q. 70)

69. People find out about possible child care arrangements in various ways -- from friends, ads, or organizations, for example. What sources of information did you use to locate your current child care arrangement? (ENTER ALL THAT APPLY)*

Informal Individual Referrals:	Friend	01
	Neighbor	02
	Relative	03
	Co-worker	04
Professional Individual Referrals:	Teacher	05
	Counselors	06
	Doctor	07
Media/Advertising:	Bulletin board notices (e. g., grocery store)	08
	Parent placed ad seeking services	09
	Center or caregiver ads	10
	Yellow Pages	11
	Feature on TV, paper, magazines, radio	12
Public agency/organizations:	I & R Center (Not Private)	13
	Welfare office	14
	Public school system (Not Private)	15
	Consumer Affairs or Public Information office	16
	Children, youth families office	17
	Library	18
Private/Voluntary	I & R Center (Not Public)	19
	Churches/synagogues	20
	Child advocacy groups	21
	Welcome wagon	22
	Private school system (not public)	23
	Voluntary organization (e. g., United Way)	24
Employer		25
Visited center/Supplier		26
Other (SPECIFY)		97
None		00
Don't know		

*For percentage scores and raw data, see table in Item 57.

70. If a daily before or after school care program were available in your (child's/children's) school, would you use it?

		MINNESOTA		VIRGINIA	
Yes	1	26%	(153)	34%	(170)
Yes, qualified	2	10%	(52)	17%	(75)
No	3	63%	(274)	47%	(219)
Don't know	8	1%	(7)	2%	(12)

IF A QUALIFIED YES (e. g., "ONLY IF FREE") SPECIFY THE CONDITIONS

IF Q. 47 IS "YES" - ASK THIS SECTION

LOST SUBSIDY BRANCH

71. You mentioned earlier that your child care aid was reduced or cut off in the last year. Which of these children were affected. . . (READ LIST)?

__________ __________ __________ __________

(RANDOMLY SELECT ONE OF THE CHILDREN AFFECTED)

72. Now, let's talk about (CHILD SELECTED). Was the aid for (CHILD) reduced or was it cut off?

Reduced	1
Cut off	2
Both	3

73. How long ago was your aid for (CHILD) (reduced/cut off)?

__________ months

74. What was the reason this benefit WAS (reduced/cut off)?

Eligibility requirement/criteria tightened	1
Child too old	2
Family income exceeded limits	3
Had to move, change setting and couldn't find new eligible slot	4
Other (SPECIFY) ____________________ ____________________	7
Don't know	8

75. What type of care was (CHILD) receiving when the care support was (ended/reduced)? (USE CARE CODES)

Type of Care ____________________

76. How many hours per week was (CHILD) receiving this particular care?

Hours Per Week ____________________

77. How much did you have to pay for this care for (CHILD) before the care support was (ended/reduced)? (IF NOTHING, ENTER "0")

$ __________.00 per week/month

MINNESOTA (n = 6) | VIRGINIA (n = 2)

NOTE: THIS SECTION OF THE INSTRUMENT DID NOT HAVE ENOUGH RESPONDENTS TO PROVIDE MEANINGFUL DATA. ACCORDINGLY NO RESULTS ARE PROVIDED FOR THIS BRANCH OF THE INSTRUMENT year

MINNESOTA	VIRGINIA
Yes	Yes

78. How were your child care arrangements affected by this reduction? Did you . . . (READ OPTIONS. CODE ALL THAT APPLY)

			Yes	No
	a.	Maintain the same service at a higher price	1	2
	b.	Maintain the same care at reduced hours	1	2
	c.	Use different care arrangements	1	2
READ ONLY IF MORE THAN ONE CHILD	d.	Did you change the other child(ren)'s arrangements	1	2
	e.	Or did you do something else (SPECIFY)	1	2

____

____

(IF RESPONSE TO OPTION A IN Q. 78 IS "YES" ASK Q. 79 AND Q. 80. OTHERWISE SKIP TO Q. 81)

79. How much did the same care cost you after the (cutback/cut-off)?

$ ______ .00 per week
month
year

80. How difficult was it for you to meet the increased costs? Would you say . . . (READ CHOICES)

Extremely difficult	1
Difficult	2
A minor inconvenience	3
No hassle, easily replaced	4

(IF RESPONSE TO OPTIONS B, C, D, OR E IN Q. 78 IS "YES", ASK Q. 81; OTHERWISE SKIP TO Q. 82)

81. How much would the same care have cost you after the (cutback/cut-off)?

$ ______ .00 per week
month
year

(IF RESPONSE TO OPTION B IN Q. 78 IS "YES", ASK Q. 82; OTHERWISE SKIP TO Q. 83)

82. What other type(s) of care did (CHILD) receive to make up for the difference in hours? (USE CODES ON SHEET)

________ ________ ________ ________

(IF RESPONSE TO OPTION C IN Q. 78 IS "YES", ASK Q. 83; OTHERWISE SKIP TO Q. 84)

83. What type(s) of replacement care did you choose? (USE CODES ON SHEET)

________ ________ ________ ________

(IF RESPONSE TO OPTION C OR D IN Q. 78 WAS "YES", ASK Q. 84 AND Q. 85; OTHERWISE SKIP TO Q. 86)

84. Would you say the additional or replacement care requires transportation costs for you and/or (CHILD) which are . . . (READ OPTIONS)

Less than before	1
The same as before	2
A minimal increase, or	3
An extensive increase from before	4

85. Would you say the additional or replacement care requires transportation time for you and/or (CHILD) which is . . . (READ OPTIONS)

Less than before	1
The same as before	2
A minimal increase, or	3
An extensive increase from before	4

(IF RESPONSE TO OPTION C IN Q. 78 IS "YES", ASK Q. 86 AND Q. 87; OTHERWISE SKIP TO Q. 88)

86. Did you have any problems finding replacement care?

	Yes	1
SKIP TO Q. 88	No	2

87. What problems did you have? (ENTER ALL THAT APPLY)

Lack of information	01
Transportation difficulty	02
Free time to search limited	03
Few choices available in area	04
Affordability of care	05
Finding acceptable care	06
Other (SPECIFY) ______________________ ______________________	97

(ASK Q. 88 ONLY IF MALE OR FEMALE HEAD IS EMPLOYED)

88. What impact, if any, did the change in care support have on (either) your job (or your spouse's/or your partner's) job? (ENTER ALL THAT APPLY)

None	01
Had problem meeting work responsibilities	02
Longer hours of work for at least one parent	03
Fewer hours of employment to provide care	04
Had to quit job/training opportunity	05
Undertaking new job	06
Severe employment restriction	07
Could not seek work or training opportunities	08
Other (SPECIFY) ____________________ ____________________	97

89. What impact, if any, did the change have on your family? (CODE ALL THAT APPLY)

None	01
Reduced family expenses	02
Long search required, considerable time	03
Required more financial assistance from family or friends	04
Required more financial assistance from outside sources (other than family or friends	05
Less time with children/family	06
More time with children/family	07
Less free time	08
More free time	09
Other (SPECIFY) ____________________ ____________________	97

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90. What has been the impact, if any, on (CHILD) as a result of the change? (CODE ALL THAT APPLY)

None	01
Less beneficial care	02
Self care some of the time	03
Social network disruption	04
Better care	05
Make new friends	06
Participated in new activities	07
Gained new skills	08
Other (SPECIFY) ____________________ ____________________	97

GO TO NEXT BRANCH OR DEMOGRAPHICS - Q. 163

MINNESOTA
(N = 102)

VIRGINIA
(N = 84)

EMPLOYER-ASSISTED BRANCH
FOR SELECTED CHILDREN ONLY

(REFER TO Q. 52. IF "YES" TO ANY OF PARTS C-G, GO TO Q. 91. IF PART "A" IS THE ONLY "YES", SKIP TO "LATCH KEY BRANCH" ELIGIBILITY CRITERIA, Q. 105A. IF "B" OS ONLY ONE SELECTED, ASK Q.s 93-95, THEN GO TO NEXT BRANCH))

91. You mentioned that your employer assists you with day care. Which of these children benefit from this employer assisted care? (READ LIST) (RECORD NAME ON GRID BELOW. IF NONE OF THOSE RANDOMLY SELECTED IN CORE QUESTIONNAIRE, GO TO LATCH KEY BRANCH - Q. 105A.)

92. (IF 52c, e or f = YES, ASK Q. 92)
And what type of care is provided? (RECORD BELOW. USE CODES ON SHEET.)

Name	Type of Care

Father	1
Combination preschool and school age center	2
Refused	1

93. Have any of the following occurred as a result of (your employer's/your spouse's employer's) support? Have you or your spouse . . . (READ RESPONSES)

	Yes	No	MINNESOTA		VIRGINIA	
Been on time more often or left early less often	1	2	70%	(71)	68%	(55)
Used less sick leave	1	2	59%	(61)	61%	(49)
Made fewer personal telephone calls	1	2	71%	(58)	60%	(47)
Stayed or are you planning to stay at the same place longer	1	2	81%	(77)	95%	(75)
Would you be unable to work without this support?	1	2	50%	(49)	36%	(36)
Has anything else occurred? (SPECIFY)	1	2	18%	(15)	27%	(16)

____

____

94. Are all employees where (you/your spouse/your partner) work(s) eligible to receive these services?

SKIP TO Q. 96	Yes	1	84%	(85)	70%	(64)
CONTINUE	No	2	16%	(16)	25%	(19)
SKIP TO Q. 96	Don't know	8	1%	(1)	5%	(1)

95. What do you have to do to be eligible? (CODE ALL THAT APPLY)

Pay level	01	-	(2)
Grade level	02	(10)	(5)
Years of service	03	-	-
Family size	04	-	-
Merit (Job performance)	05	(2)	(1)
Lottery	06	-	-
Other (SPECIFY)	97	(5)	(10)
Don't Know		-	(3)

____

(IF OPTION "B", FLEX TIME, WAS ONLY ONE SELECTED IN Q. 52, GO TO "LATCH KEY BRANCH" ELIGIBILITY CRITERIA, Q. 105A. OTHERWISE, CONTINUE.)

96. Is there a waiting list?

		MINNESOTA	VIRGINIA
Yes	1	(1)	(4)
No	2	(12)	(13)
Don't know	8	-	-

97. How satisfied are you with the employer assisted care your child/children receive? Would you say . . . (READ OPTIONS)

		MINNESOTA	VIRGINIA
Very satisfied	1	(7)	(12)
Somewhat satisfied	2	(5)	(5)
Not very satisfied	3	-	-
Not at all satisfied	4	-	-
Don't Know		(1)	-

98. Would you have preferred another type of assistance?

			MINNESOTA	VIRGINIA
	Yes	1	(3)	(2)
SKIP TO Q. 103	No	2	(10)	(15)

99. What type of care would you have preferred? (RECORD MODE OF CARE)

MINNESOTA		VIRGINIA	
Preschool Center	(1)	Mother	(1)
Sch. age center	(1)	Other	(1)
Parent at Place of work	(1)		

100. Have you tried to locate other care arrangements for your (child/children) within the past school year?

			MINNESOTA	VIRGINIA
	Yes	1	(1)	(1)
SKIP TO Q. 103	No	2	(2)	(1)

101. People find out about possible child care arrangements in various ways -- from friends, ads, or organizations, for example. What sources of information have you utilized in your search(es) for school age day care arrangements? (CODE ALL THAT APPLY)*

Informal Individual Referrals:	Friend	01
	Neighbor	02
	Relative	03
	Co-worker	04
Professional Individual Referrals:	Teacher	05
	Counselor	06
	Doctor	07
Media/Advertising:	Bulletin board notices (e. g., grocery store)	08
	Parent placed ad seeking services	09
	Center or caregiver ads	10
	Yellow Pages	11
	Feature on TV, paper, magazines, radio	12
Public agency/organizations:	I & R Center (Not Private)	13
	Welfare office	14
	Public school system (Not Private)	15
	Consumer Affairs or Public Information office	16
	Children, youth families office	17
	Library	18
Private/Voluntary	I & R Center (Not Public)	19
	Churches/synagogues	20
	Child advocacy groups	21
	Welcome wagon	22
	Private school system (not public)	23
	Voluntary organization (e. g., United Way)	24
Employer		25
Visited center/Supplier		26
Other (SPECIFY)		97

*For percentage scores and raw data see tables in item 57.

102. What prevented you from using some other type of care? (CODE ALL THAT APPLY)

Unavailability of acceptable care	1
Transportation difficulties	2
Cost of care	3
Inadequate search time	4
Lack of information	5
Other (SPECIFY)	6

103. What additional help/assistance could your employer provide to you to ease your child care needs? (CODE ALL THAT APPLY)

		MINNESOTA	VIRGINIA
Providing day care information/referral	01	(2)	-
Paying some of costs of care selected by parent	02	(3)	(1)
Paying all of costs of care selected by parent	03	-	-
Providing a care location at or near work/home	04	(3)	(1)
Maintaining slots at a center/home	05	-	-
Flex time	06	(1)	(1)
Care for sick children	07	-	-
Special Holiday or Emergency care for children	08	(1)	(1)
Special Summer Program	97	-	-
Other (SPECIFY)	10	(1)	(2)
Don't Know		-	(1)

104. What benefits do you think your employer receives from helping employees with their child care and family needs? (PROBE)

GO TO "LATCH KEY BRANCH" ELIGIBILITY CRITERIA, Q. 105A

LATCH KEY BRANCH
FOR ONE CHILD ONLY

105a. INTERVIEWER:

(1) LOOK FOR MODE OF CARE CODES "04", "05", OR "06" IN O.s 20-22 AND 25-27. IF THESE MODES ARE USED, CONTINUE TO DETERMINE ELIGIBILITY; OTHERWISE, GO TO "COMPLEX SITUATIONS ELIGIBILITY CRITERIA, O. 139.

(2) IF MORE THAN ONE CHILD IS ELIGIBLE, SELECT CHILD UNDER 11 WITH MOST FREQUENT SELF-CARE (YOUNGEST IF 2 HAVE SAME FREQUENCY), OR MOST FREQUENT CHILD 14 OR UNDER IF NO ONE UNDER 11 (AGAIN WITH TIE-BREAKING RULE).

(3) TO BE ELIGIBLE, THE CHILD MUST HAVE:

- o ANY COMBINATION OF THESE CODES APPEARING 2 OR MORE TIMES IN A PARTICULAR WEEKDAY TIME PERIOD; OR
- o 3 OR MORE TIMES OVER ALL PERIODS DURING WEEKDAYS.

(4) IF NO CHILD MEETS THESE REQUIREMENTS, GO TO "COMPLEX SITUATIONS ELIGIBILITY CRITERIA, O. 139.

105b. You mentioned that (CHILD) (is responsible for (himself/herself)) (stays with an older brother or sister) on a regular basis when he/she is not in school. How does this situation seem to be working out? Would you say . . . (READ OPTIONS)

			MINNESOTA (N = 115)		VIRGINIA (N = 101)	
	Extremely well	1	59%	(60)	53%	(53)
	Fairly well	2	40%	(54)	35%	(45)
SKIP TO 0.108	Not too well	3	1%	(1)	1%	(1)
	Not at all well	4	-	-	1%	(7)
	Don't Know		-	-	1%	(7)

106. Are there advantages to (CHILD) being without adult supervision?

			MINNESOTA		VIRGINIA	
	Yes	1	95%	(107)	95%	(93)
SKIP TO Q. 108	No	2	4%	(6)	5%	(5)
	Don't Know		1%	(1)	-	-

107. What benefits do you notice? (CODE ALL THAT APPLY. PROBE)

Quiet time for child	1	3%	(4)	6%	(6)
Increased independence	2	86%	(92)	89%	(82)
Increased bonds of parent/child trust	3	14%	(15)	16%	(17)
Learning new survival skills	4	55%	(58)	50%	(44)
Learns Responsibility	5	-	-	-	-
Other	7	14%	(13)	20%	(11)
Don't Know	8	-	-	1%	(1)

108. Are there any particular worries you have when (CHILD) is (caring for him/herself) (staying with an older brother or sister) without another adult there for supervision?

	Yes	1	44%	(55)	54%	(55)
SKIP TO Q. 118	No	2	56%	(60)	40%	(45)
	Don't Know		-	-	7%	(1)

109. What do you worry about? (DO NOT READ LIST. CODE ALL THAT APPLY. ASK Q. 110 AND 111 IN SERIES)

110. Has (WORRY) been a particular problem for you and/or your child within the past year? (RECORD BELOW)

111. (FOR EACH "YES" IN Q. 110, ASK:) At what age did (PROBLEM) first occur? (RECORD BELOW, THEN SKIP TO Q. 118).

					MINNESOTA		VIRGINIA	
	Q. 109	Q. 110		Q. 111	Problem & Worry	Worry, but No Problem	Problem & Worry	Worry, but No Problem
WORRY/PROBLEMS		Yes	No	Age				
Accidents	01	1	2		8%	63%	9%	37%
Juvenile delinquency/peer group concerns	02	1	2		6%	7%	5%	4%
Too much TV	03	1	2		1%	-	-	-
Nutritional concerns	04	1	2		-	3%	-	-
Drugs	05	1	2		1%	-	-	4%
Alcohol	06	1	2		1%	-	-	-
Sex exploration (with or by peers)	07	1	2		3%	-	-	-
Sex exploitation (with or by adult/older child)	08	1	2		-	-	-	5%
Homework neglected	09	1	2		10%	-	6%	-
School/grade problems	10	1	2		-	-	-	-
Truancy (cutting or skipping school)	11	1	2		1%	-	1%	-
Other problems in school	12	1	2		-	-	-	-
Loneliness	13	1	2		3%	-	2%	1%
Boredom	14	1	2		3%	1%	-	2%
Fear/anxiety	15	1	2			4%	-	14%
Child feels unloved	16	1	2		-	-	-	-
Other emotional problems	17	1	2		-	-	1%	-
Chores neglected	18	1	2		-	1%	-	1%
Fighting with siblings	19	1	2		4%	8%	3%	1%
Rule violation	20	1	2		4%	8%	4%	2%
Wear and tear on house	21	1	2		3%	3%	1%	5%
Other (SPECIFY)	97*	1	2		8%	10%	6%	17%
Fire	22				-	-	-	8%
Intruders	23				-	-	3%	15%

*Includes only those which did not occur frequently, since code 22-23 were added from previously "other" response.

THERE ARE NO QUESTIONS 112-117

118. Does having (CHILD) be responsible for (himself/herself) outside of school hours allow you to do things you would otherwise not be able to do?

			MINNESOTA		VIRGINIA	
	Yes	1	57%	(68)	56%	(60)
SKIP TO Q. 120	No	2	43%	(47)	37%	(40)
	Don't know	8	-	-	7%	(1)

119. What are they? (CODE ALL THAT APPLY)

		MINNESOTA YES	VIRGINIA YES
Work	01	(43)	(34)
Work overtime	02	(9)	(4)
Seek employment	03	-	-
Have free time for civic or recreational activities	04	(22)	(16)
Further education or training	05	(8)	(2)
Perform specific household tasks (shopping, laundry, etc.)	06	(20)	(23)
Other (SPECIFY)	97	(4)	(2)

120. Do you recall how old (CHILD) was when you first began to allow him/her to (care for (himself/herself)) (stay with older brother or sister) without another adult there for supervision?

			MINNESOTA		VIRGINIA	
	Yes	1	95%	(107)	87%	(94)
SKIP TO Q. 122	No	2	4%	(6)	6%	(6)
Don't Know			2%	(2)	7%	(1)

121. How old was he/she?

Age ______________

Age of first Self Care	MN	VA
1	(1)	(1)
4	(1)	-
5	(1)	(2)
6	(2)	(5)
7	(9)	(7)
8	(14)	(10)
9	(22)	(9)
10	(21)	(10)
11	(19)	(18)
12	(15)	(19)
13	(1)	(12)
14	(1)	(1)

122. How does (CHILD) feel about regularly caring for him/herself (or staying with older brother or sister)? Would you say (he/she) is . . . (READ OPTIONS)

		MN		VA	
Extremely happy/positive feelings)	1	26%	(29)	26%	(34)
Mostly happy/positive feelings)	2	50%	(59)	40%	(45)
Mixed feelings (some positive, some negative)	3	21%	(26)	27%	(21)
Mostly unhappy (negative feelings)	4	1%	(1)	-	-
Extremely unhappy (negative feelings)	5	-	-	-	-
Don't Know		-	-	7%	(1)

123. Is any type of adult help available should it be needed?

	Yes	1	94%	(107)	83%	(95)
SKIP TO Q. 125	No	2	6%	(8)	10%	(5)
Don't Know			-	-	7%	(1)

124. What kind of help? (CODE ALL THAT APPLY)

Parent telephones in regularly	1	18%	(15)	10%	(10)
Child can go to nearby neighbor, relative, friend	2	85%	(91)	90%	(83)
Child can call relative, parent or friend	3	62%	(70)	49%	(56)
Child can phone police, fire, etc.	4	21%	(22)	9%	(11)
Other (SPECIFY) ______________	5	9%	(7)	8%	(3)

125. Did you give (CHILD) any special instructions or ground rules that apply for those times when (he/she) is without adult supervision?

			MINNESOTA		VIRGINIA	
	Yes	1	95%	(108)	89%	(95)
SKIP TO Q. 127	No	2	5%	(7)	4%	(5)
	Don't Know		-	-	7%	(1)

126. What are they? (CODE ALL THAT APPLY)

		MINNESOTA		VIRGINIA	
None	01	1%	(1)	-	-
Regular check-in calls	02	12%	(18)	21%	(19)
Can't let anyone in	03	28%	(29)	33%	(33)
Can't leave the house/apartment	04	24%	(24)	14%	(17)
Can go outside in yard or restricted area only	05	26%	(28)	22%	(25)
Must do homework	06	8%	(5)	14%	(17)
TV limitations	07	7%	(9)	7%	(9)
Must do housework or other chores	08	21%	(23)	22%	(20)
Must keep doors locked	09	11%	(17)	11%	(13)
Can have friends over	10	8%	(11)	7%	(8)
Can't have friends over	11	24%	(28)	23%	(29)
Instructions for handling emergencies	12	11%	(15)	10%	(12)
Meal preparation/training	13	8%	(9)	2%	(3)
Stove/other appliance restrictions	14	30%	(29)	35%	(25)
Other (SPECIFY)	97*	9%	(1)	9%	(12)
Bedtime/curfew	15	5%	(8)	2%	(2)
Stipulate whereabouts	16	5%	(6)	4%	(4)

*Includes only those which did not occur frequently since codes 15-16 were added from previously "other" responses.

127. (GO TO Q. 130 IF ONLY ONE CHILD OR IF THIS CHILD IS THE OLDEST.) Does (CHILD) have older brothers or sisters who have also been responsible for themselves on a regular basis?

			MINNESOTA		VIRGINIA	
	Yes	1	60%	(63)	47%	(37)
SKIP TO Q. 130	No	2	27%	(20)	33%	(23)
	Not applicable - no older brothers or sisters	3	13%	(13)	11%	(11)

	MINNESOTA	VIRGINIA

128. How many?

Number of Siblings	MINNESOTA	VIRGINIA
1	(35)	(32)
2	(17)	(1)
3	(7)	(2)
4	(2)	(2)
5	(1)	-
7	(1)	-

129. At what age did you allow them to be responsible for themselves without an adult present?

130. Within the past school year, have you tried to make other before or after school arrangements for (CHILD)?

			MINNESOTA		VIRGINIA	
	Yes	1	4%	(6)	7%	(11)
SKIP TO Q. 134	No	2	96%	(109)	86%	(89)
Don't Know			-	-	7%	(1)

131. What alternative would you have preferred? (RECORD MODE OF CARE)

Alternatives	MN	VA
Other relative in home	(1)	(2)
Non-relative in home	(2)	(5)
Non-relative's home	(1)	(3)
Public Sch-Based Program	(2)	(1)

132. What prevented you from using this alternative? (CODE ALL THAT APPLY)

		MINNESOTA	VIRGINIA
Child not happy	01	(1)	(2)
Unavailability of acceptable care	02	(3)	(5)
Transportation difficulties	03	(1)	(1)
Cost of care	04	(2)	(2)
Inadequate search time	05	-	(1)
Lack of information	06	-	-
Other (SPECIFY)	97	(1)	(3)

133. People find out about possible child care arrangements in various ways . . . from friends, ads, or organizations, for example. What sources of information did you (he/she) try when seeking other care arrangements? (CODE ALL THAT APPLY)*

Informal Individual Referrals:	Friend	01
	Neighbor	02
	Relative	03
	Co-worker	04
Professional Individual Referrals:	Teacher	05
	Counselor	06
	Doctor	07
Media/Advertising:	Bulletin board notices (e. g., grocery store)	08
	Parent placed ad seeking services	09
	Center or caregiver ads	10
	Yellow Pages	11
	Feature on TV, paper, magazines, radio	12
Public agency/organizations:	I & R Center (Not Private)	13
	Welfare office	14
	Public school system (Not Private)	15
	Consumer Affairs or Public Information office	16
	Children, youth families office	17
	Library	18
Private/Voluntary	I & R Center (Not Public)	19
	Churches/synagogues	20
	Child advocacy groups	21
	Welcome wagon	22
	Private school system (not public)	23
	Voluntary organization (e. g., United Way)	24
Employer		25
Visited center/Supplier		26
Other (SPECIFY)		97
None		00

*For percentage scores and raw data see the table in item 57.

(ASK QS. 134-138 IF (CHILD) TAKES CARE OF YOUNGER SIBLING(S) ACCORDING TO INFORMATION OBTAINED IN MODE OF CARE MATRIX. OTHERWISE SKIP TO SECTION H - DEMOGRAPHICS)

134. You mentioned that (CHILD) takes care of a brother or sister. How is this working out? Would you say . . . (READ RESPONSES)

			MINNESOTA	VIRGINIA
SKIP TO Q.136	Extremely well	1	(2)	(2)
	Fairly well	2	(5)	(3)
	Not very well	3	-	-
	Not at all	4	-	-
	Don't Know		(1)	(1)

135. What are the problems you noticed? (CODE ALL THAT APPLY)

		MINNESOTA	VIRGINIA
Resentment by older child(ren)	01		
Lack of attention to younger child(ren)	02	No Response	No Response
Children fighting	03		
Children all feel neglected	04		
Resentment by younger child(ren)	05		
Other (SPECIFY) ________________	97		

136. If you could find an alternative to this situation of an older child taking care of a younger one, would you choose another type of arrangement?

			MINNESOTA	VIRGINIA
	Yes	1	(2)	(2)
GO TO "COMPLEX SITUATIONS" ELIGIBILITY CRITERIA Q.139	No	2	(6)	(4)

137. What type? (RECORD MODE OF CARE)

____

Alternative	MN	VA
Non-relative in Home	(1)	(2)
Public Sch-Based Program	(1)	-

138. What prevented you from using this type of care? (CODE ALL THAT APPLY)

Priority higher for younger child (if multi-child household) and older child is in self care	01
Must work to support family/supplement income	02
Could not find that type of care	03
Could not find at affordable price	04
Could not find for hours needed	05
Could not find sufficiently accessible	06
Child preferred care actually used	07
Waiting list too long	08
That type of care would have affected child's friendships	09
Child objects to preferred mode	10
Preference changed since current care was selected	11
The only providers for that type of care were not acceptable	12
The only care of that type found had objectionable features	13
Other (SPECIFY) ______________________ ______________________ ______________________	97

GO TO "COMPLEX SITUATIONS" ELIGIBILITY CRITERIA, Q. 139

COMPLEX SITUATIONS

139. INTERVIEWER INSTRUCTIONS FOR ELIGIBILITY:

RULES:

(1) Any one child who has three or more different modes of care for before school, after school or evening during the week.

(2) Any one child who has six or more different modes of care during weekdays before school, after school and in the evenings.

(3) A family with two or more school-age children whose care packages total five or more different modes of care for before school, after school or in the evenings.

(4) A family with two or more children whose care packages total eight or more different modes of care during weekdays before school, after school and in the evenings.

DEFINITION OF MODES OF CARE:

Eligibility is based on the number of different modes of care used. For this section the original 19 modes of care are collapsed into 14 types of care, as follows:

1. Codes 1; 2; 3; 4b (when older than 14); and 7b (when older than 14); are counted as one type of care -- care by family member.

2. Codes 4a (when younger than 14); 5; and 6; are counted as one type of care -- care by self or sibling.

3. All remaining 12 numeric and alphanumeric codes are counted as separate and distinct modes of care (codes 08 through 19).

SPECIAL CIRCUMSTANCES

1. Weekends: Where parents work on weekends, include weekend care entries in the rules for determining eligibility if not de facto included.

IF NOT ELIGIBLE, GO TO Q. 163

140. You mentioned earlier that your family uses a variety of arrangements before or after school. Why is this? (CODE ALL THAT APPLY)

		MINNESOTA (N=40)	VIRGINIA (N=25)
To meet child(ren)'s special needs	01	(11)	(11)
To provide variety for the child(ren)	02	(12)	(8)
To save on costs	03	-	(5)
Because of parents' unusual job schedule	04	(12)	(7)
Is child(ren)'s preference	05	(6)	(5)
Can't get desired care provider for most/all time periods	06	(1)	(1)
Age requirements of care prevented serving siblings together	07	-	-
Other (SPECIFY)	97*	(6)	(6)
Waiting list too long	08	(4)	(1)
Don't Know	98	(1)	-

*Includes only those which did not occur frequently, since code 08 was added from previously "other" response.

(IF CODE "6" IS RECORDED IN Q. 140 ASK Qs. 141-143; OTHERWISE SKIP TO Q. 144)

141. What types of arrangement or provider do you want? (USE CODES ON SHEET)

____

____

142. For what time periods?

Time is not a problem	1
Before school	2
After school	3
Evenings	4
On a particular day (SPECIFY: Why that day?)	5

____

____

143. In what location, that is, near home, or work, or near the child's school?

		MINNESOTA	VIRGINIA
Location is not a problem	1	-	-
Near work	2	-	-
Near home	3	(1)	(1)
Near school	4	-	-

(IF CODE "7" IS RECORDED IN Q. 140 ASK Qs. 144-145; OTHERWISE SKIP TO Q. 146)

144. Which arrangements restrict the age eligibility of children? (RECORD MODES OF CARE BELOW)

145. What restriction is there? (RECORD BELOW)

	Restriction:		
Type of Care	Wouldn't Allow Older Children	Wouldn't Allow Younger Children	Both
	1	2	3
	1	2	3
	1	2	3

146. Has this variety of arrangements caused you any problems?

			MINNESOTA	VIRGINIA
	Yes	1	(5)	(1)
SKIP TO Q. 148	No	2	(35)	(23)

147. What kinds of problems? (CODE ALL THAT APPLY)

		MINNESOTA	VIRGINIA
Transporting child(ren)	01	(2)	(1)
Keeping track of where child(ren) goes when	02	(1)	-
Increased costs	03	-	-
Dealing with many different people	04	-	-
Must use an undesired arrangement	05	-	-
Other children can't do/have what they want	06	-	-
Reduces work productivity	07	-	-
Parent spends less time with child(ren)	08	-	-
Child(ren)'s safety	09	(1)	-
Other (SPECIFY) ______________	97	(2)	(1)

148. Has this variety of arrangements caused any problems for your (child/children)?

			MINNESOTA	VIRGINIA
	Yes	1	(1)	(4)
SKIP TO Q. 150	No	2	(39)	(21)

149. (ASK IF ANY "YES'S" IN Q. 148) What kinds of problems? (CODE ALL THAT APPLY)

PROBLEM		MINNESOTA	VIRGINIA
Child(ren) away from home too much	01	-	-
Lack of consistency is upsetting to child(ren)	02	-	-
Child(ren) can't develop friends/ is not in any one situation long enough to make friends	03	-	-
Accidents	04	-	-
Child(ren) gets into trouble (fighting, defies authority)	05	-	-
Other behavioral problems (shyness, crying)	06	-	-
Not enough personal attention	07	-	-
Other (SPECIFY) ____________	97	(1)	(7)

150. Have there been any benefits to you in using a variety of child care options?

			MINNESOTA	VIRGINIA
	Yes	1	(25)	(17)
SKIP TO Q. 152	No	2	(15)	(8)

151. What benefits? (CODE ALL THAT APPLY)

		MINNESOTA	VIRGINIA
Child(ren) is supervised all/most of the time	01	(3)	(4)
Parent is free to work	02	(7)	(7)
arent is free to go to school	03	(2)	-
Parent has some free time	04	(5)	(5)
Like the idea of varied situations	05	(10)	(4)
Cost savings	06	-	(1)
Other (SPECIFY)	97	(6)	(6)
Don't Know ____________		-	(2)

152. (Has the child/Have the children) benefited?

			MINNESOTA	VIRGINIA
	Yes	1	(34)	(23)
SKIP TO Q. 154	No	2	(5)	(1)
	Don't know		(1)	(1)

(ASK IF ANY "YES'S" IN Q. 152)
153. In what way? (CODE ALL THAT APPLY)

		MINNESOTA	VIRGINIA
Avocationally (can pursue hobbies, acquire new interests	01	(14)	(9)
Educationally (learning new things, extra school help)	02	(17)	(10)
Socially (making new friends, less shy)	03	(13)	(10)
Emotionally (is more independent, is happier)	04	(16)	(8)
Varied care is child(ren)'s preference	05	(2)	(5)
Other (SPECIFY) ______________________	97	(5)	-

154. Would you make any changes in the (child's/children's) care arrangements?

			MINNESOTA	VIRGINIA
	Yes	1	(7)	(5)
SKIP TO Q. 161	No	2	(33)	(20)

155. What changes would you make for your child(ren)?

		MINNESOTA	VIRGINIA
Only one provider	01	-	(1)
Fewer providers than now have	02	-	(1)
More providers	03	(2)	-
Better provider(s)/care	04	(2)	-
Less expensive care	05	-	-
More convenient location	06	(1)	-
More convenient hours	07	-	(1)
Other (SPECIFY) ______________	97	(4)	(4)

156. Are you currently trying to find other arrangements?

			MINNESOTA	VIRGINIA
SKIP TO Q. 158	Yes	1	-	-
	No	2	(7)	(5)

157. Why not?

		MINNESOTA	VIRGINIA
Satisfied with current arrangement	1	(3)	(2)
Don't know who to contact	2	-	-
I can put up with this situation for the time being	3	(1)	(1)
Don't think there are other alternatives	4	(2)	(1)
Other (SPECIFY) ______________	7	(2)	(3)

SKIP TO Q. 161

158. Are you currently on a waiting list for a desired care arrangement?

	Yes	1
SKIP TO Q. 160	No	2

159. What type of care and for which child(ren)? (USE CODES ON SHEET)

(IF ANY "YES" TO Q. 156)

160. What sources of information have you used?*

Informal Individual Referrals:	Friend	01
	Neighbor	02
	Relative	03
	Co-worker	04
Professional Individual Referrals:	Teacher	05
	Counselor	06
	Doctor	07
Media/Advertising	ulletin board notices (e. g., grocery store)	
	Parent placed ad seeking services	09
	Center or caregiver ads	10
	Yellow Pages	11
	Feature on TV, paper, magazines, radio	12
Public agency/organizations:	I & R Center (Not Private)	13
	Welfare office	14
	Public school system (Not Private)	15
	Consumer Affairs or Public Information office	16
	Children, youth families office	17
	Library	18
Private/Voluntary	I & R Center (Not Public)	19
	Churches/synagogues	20
	Child advocacy groups	21
	Welcome wagon	22
	Private school system (not public)	23
	Voluntary organization (e. g., United Way)	24
Employer		25
Visited center/Supplier		26
Other (SPECIFY)		97

*For percentage scores and raw data see the table in item 57.

161. Within a year or two, do you anticipate it will be harder or easier to find child care?

			MINNESOTA	VIRGINIA
SKIP TO Q. 162B, Q. 163	Harder	1	(8)	(10)
SKIP TO Q. 162A, Q. 163	Easier	2	(21)	(11)
CONTINUE	Both harder and easier	3	(3)	-
SKIP TO Q. 163	Child care will not be needed	4	(3)	(3)
	Don't Know		(4)	(1)
	Refused		(1)	-

162A. Why will it be easier?

Easier/Won't be Needed		MINNESOTA	VIRGINIA
Only one child (or fewer children) will need care	1	-	-
Older child will take care of younger child	2	(3)	(1)
Children can be served together	3	-	-
Care will be less complex	4	(8)	(5)
Child can care for self	5	(9)	(4)
Child older/more Options	6	(4)	(1)
Other (SPECIFY)	7	(4)	(2)

162B. Why will it be harder?

Harder		MINNESOTA	VIRGINIA
More children will need care	1	(2)	-
Older child will not be available to help	2	(1)	(1)
Children will be served apart	3	-	(1)
Care will be more complex	4	(3)	(9)
Cost	5	-	(3)
Other (SPECIFY)	7	(3)	(1)
Don't know	8	(2)	-

GO TO Q. 163

DEMOGRAPHICS

These last few questions are for background purposes only.

163. How long have you resided in your community?

_____ years _____ Months
Range 00-50 Range 00-11

164. Do you live in a . . . (READ LIST)?

			MINNESOTA		VIRGINIA	
SKIP TO Q. 166	City (Population greater than 25,000)	1	24%	(123)	31%	(133)
	Suburb of a city	2	24%	(145)	30%	(149)
	Town (Population 2,500-25,000)	3	17%	(87)	14%	(53)
	Rural area (Population less than 2,500)	4	35%	(131)	25%	(141)

165. Do you live on a farm?

		MINNESOTA		VIRGINIA	
Yes	1	33%	(59)	18%	(36)
No	2	67%	(159)	82%	(158)

166. Please tell me which of the following groups describes your racial/ethnic background? (READ LIST)

		MINNESOTA	VIRGINIA
White, not of Hispanic origin	1	(467)	(376)
Black, not of Hispanic origin	2	(7)	(78)
Hispanic	3	(1)	(4)
American Indian	4	(5)	(6)
Alaskan Native	5	-	-
Asian	6	(3)	(8)
Pacific Islander, or	7	-	(1)
Some other group	8	(2)	(3)
Other		(1)	-

MINNESOTA VIRGINIA

THERE IS NO QUESTION 167.

168. What was the combined income of all members of your household from all sources for 1981?

$ ____________________

(IF RESPONDENT REFUSES OR DOESN'T KNOW, ASK Q. 169; OTHERWISE, SKIP TO Q. 170)

169. Can you tell me if it was less than (POVERTY CALCULATION) or more than (POVERTY CALCULATION)

			MINNESOTA		VIRGINIA	
	Less than	1	28%	(46)	30%	(57)
	More than	2	66%	(11)	62%	(20)
DO NOT	Don't know	6	2%	(3)	5%	(11)
READ	Refused	7	3%	(8)	3%	(8)

170. As another part of this study, we would like to visit a few selected families to discuss what families think communities and government could do to assist families with child care. The visit would not last more than one hour. Would you be willing to participate in one of these follow-up interviews?

			MINNESOTA		VIRGINIA	
	Yes	1	38%	(207)	38%	(193)
SKIP TO Q. 172	No	2	60%	(276)	61%	(279)
	Don't Know		2%	(3)	-	(3)
	No Answer		-	-	-	(1)

171A. (IF BOTH PARENTS WORK) Could you give me a telephone number at work to set up an appointment?

Yes (SPECIFY) ____________________	1
No	2

171B. And whom would I ask for?

____
ENTER NAME (20 char.)

172. Is there anything else about this topic that we haven't asked you that you would like to add?

Yes (SPECIFY ON VBA)	1
No	2

		MINNESOTA		VIRGINIA	

173A. I would like to be sure I reached you by dialing (READ NUMBER FROM SAMPLE SLIP)

173B. Is this right?

	Yes	1
RECORD # REACHED ON SAMPLE SLIP AND ENTER	No	2

( ) ________________
(AREA CODE)

174. How many telephones, counting extensions, do you have in your home? (FILL IN NUMBER)

____

IF "1" SKIP TO CLOSING

Number of Telephones	MINNESOTA	VIRGINIA
1	(135)	(157)
2	(218)	(233)
3	(98)	(65)
4	(23)	(13)
5	(8)	(4)
6	(3)	(3)
7	(1)	(1)

175. Do all the telephones have the same number?

			MINNESOTA		VIRGINIA	
SKIP TO CLOSING	Yes	1	95%	(333)	96%	(305)
	No	2	5%	(18)	4%	(14)
	Don't know	8	-	-	-	-

176. How many different numbers are there? (FILL IN NUMBER)

____

	MINNESOTA	VIRGINIA
2 Different #s	(17)	(14)
3 Different #s	(1)	-

177. Are any of the numbers for business use only?

			MINNESOTA	VIRGINIA
	Yes	1	(4)	(3)
SKIP TO CLOSING	No	2	(14)	(11)
	Don't know	8	-	-

178. How many are used only for business? (FILL IN NUMBER)

____

	MINNESOTA	VIRGINIA
1 phone	(3)	(3)
2 phones	(1)	-

CLOSING

That concludes the interview. Thank you for the information you have provided. It will be helpful in understanding the day care needs of people in your community.

Interviewer: Refer to sample slip. Enter total # of calls made to complete this interview, including the call you made. ____________

ENTER COUNTY CODE FROM SAMPLE SLIP ____________

MODES OF CARE			MINNESOTA			VIRGINIA		
			Before School	After School	Evening	Before School	After School	Evening
AT HOME	Mother	01						
	Father	02	(374)	(299)	(58)	(372)	(263)	(38)
	Mother and Father	03						
	Older Sibling Over 14 and Self	24	(13)	(28)	(2)	(8)	(25)	-
	Child Takes Care of Self (Self Only)	05	(45)	(68)	(1)	(37)	(68)	(1)
	Self and Younger Sibling(s)	06	(24	(30)	(8)	(9)	(21)	(3)
	Care by Other Relative	07	(1)	-	-	(1)	-	-
	Care by Non-Relative	08	-	-	(3)	-	-	-
OUTSIDE OF HOME	Relative's Home	09	(8)	(18)	3)	(16)	(36)	(7)
	Non-Relative's Home	10	(22)	(65)	(6)	(21)	(53)	(7
	Preschool Center	11	(1)	-	-	(1)	(3)	-
	School Age Center (Care Program)	12	(3)	(6)	-	-	(4)	-
	Combination Preschool and School Age Center	13	(2)	(4)	-	(1)	(5)	-
	Public School-Based Program	14	(1)	(89)	(1)	-	(57)	(1)
	Private School-Based Program	15	-	(17)	(2)	(1)	(12)	(2)
	Community Recreation Program	16	(1)	(33)	(1)	-	(31)	(2)
	Other Activities, Lesson, Etc.	17	-	(52)	(5)	-	(35	(3)
	a public school	14						
	a private school, or	15						
	something else	17						
	Parent Cares for Child at Place of Work	18	-	(6)	(1)	-	(3)	(1)
	Other Outside of Home Care	19	(1)	(9)	(2)	-	(2)	-
	Adult (Over 14) Relative in Child's Home	27	(9)	(6)	(5)	(18)	(29)	(5)
	Adult (Over 14) Non-Relative in Child's Home	28	(7)	(12)	(8)	(8)	(15)	(9)

PRIORITY RULES FOR MULTIPLE MODES OF CARE
Qs. 20, 25, 28, 29

IF RESPONDENT GIVES TWO OR MORE MODES OF CARE FOR ANY GIVEN DAY, TAKE THE ONE OF LONGEST DURATION UNLESS ONE OF THE MODES IS CODE 04, 05 OR 06.

IF ONE MODE IS 04, 05 OR 06, I ASK: Is this for one hour or more?

IF "YES", ENTER 04, 05 or 06

SUBSEQUENT QUESTIONS TO MODE OF CARE CODES

Code

01 Mother
02 Father — No Subsequent Questions
03 Mother and Father

04 Older Sibling

How old is he/she? ____________ (Age)

05 Child Takes Care of Self (Self Only)

Is (he/she)...(READ CHOICES) (CODE ALL THAT APPLY)

	Yes	No
Required to stay at home	1	2
Bound by other restrictions	1	2
Checked on occasionally by a neighbor	1	2

06 Self and Younger Sibling(s)

Are they...(READ LIST) (CODE ALL THAT APPLY)

	Yes	No
Required to stay at home	1	2
Bound by other restrictions	1	2
Checked on occasionally by a neighbor	1	2

07 Care by Other Relative

How old is this RELATIVE?

ENTER AGE 5 - 14 years	
15 years or older	15

08 Care by Non-Relative

How old is (NON-RELATIVE)?

ENTER AGE 5 - 14 years	
15 years or older	15

CARE OUTSIDE OF HOME

09 Relative's Home

	Yes	No	DK
Is this part of a government, community, or church-sponsored program	1	2	8
Is this part of a licensed or registered program?	1	2	8

10 Non-Relative's Home

	Yes	No	DK
Is this a government, community, or church-sponsored program	1	2	8
Is this a licensed or registered program?	1	2	8

11 Preschool Day Care Center

Is this preschool day care center private or public?

Private	1
Public	2
Don't know	8

12 Care Program at School-Age Day Care Center

Is this school-age day care center private or public?

Private	1
Public	2
Don't know	8

13 Combination Preschool and School-Age Day Care Center

Is this day care center private or public?

Private	1
Public	2
Don't know	8

14 Public School-Based Program

What kind of program is this? (READ CHOICES ONLY IF NECESSARY)

An activity such as clubs or team sports sponsored by the school	1
An activity not sponsored by the school?	2
A program especially for care or supervision	3

15 Private School-Based Program

What kind of program is this? (READ CHOICES ONLY IF NECESSARY)

An activity such as clubs or team sports sponsored by the school	1
An activity not sponsored by the school?	2
A program especially for care or supervision	3

16 Community Recreation Program

17 Other Activities, Lessons, etc.

18 Parent Cares for Child at Place of Work

19 Other Outside of Home Care (SPECIFY)

No subsequent questions

COLLAPSED MODES: OCCURENCE AT LEAST 5 TIMES

Modes of Care	MINNESOTA Households	MINNESOTA Children	VIRGINIA Households	VIRGINIA Children
Parent	92%	92%	88%	88%
Relative in Home	4%	3%	9%	9%
Non-Relative in Home	1%	2%	2%	2%
Self or Sibling	11%	10%	11%	10%
Relative's Home	1%	1%	5%	5%
Non-Relative's Home	4%	3%	6%	5%
Center Care	1%	1%	1%	1%
School-based Program	5%	4%	3%	2%
Activities	1%	1%	4%	5%
Other	1%	1%	-	-

Appendix C

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